

**Alabama Department of Public Health  
Bureau of Professional and Support Services**

**Satellite or Webcast Program Attendance Sheet**

**Taking Care of the Sickle Cell Patient in Emergencies: From Diagnosis to Emergency Medical Transport to Emergency Hospital Service**

ASNA Activity No: 5-91.721

Continuing Education for this Program not Available After: 10/31/2013

<b>THIS SECTION MUST BE COMPLETED FOR CNE TO BE AWARDED</b>	
Date Viewed: _____	Location (city and state where program was viewed): _____
Viewing Method (circle one): Day of Program or On-Demand Webcast	Site Facilitator: _____

<b>PARTICIPANT'S NAME</b> as it appears on the Professional License (please <b>PRINT</b> clearly)	<b>DISCIPLINE</b> (RN, SW, RD, etc., <b>NOT</b> Job Title)	<b>LICENSE NUMBER</b>	<b>AGENCY</b> <i><b><u>NO ABBREVIATIONS</u></b></i>	<b>ADDRESS</b>

<p><b>ADPH Site Facilitator:</b> Send completed <u>Program Attendance Sheets</u> and <u>Evaluation Summary</u> to: Bureau of Professional and Support Services, Suite 1040, Alabama Department of Public Health, PO Box 303017, Montgomery, AL 36130-3017. <b>DO NOT FAX.</b></p> <p><b>Non-ADPH Alabama Participants: FAXES NOT ACCEPTED.</b> Send completed sign-in sheet and evaluation to above address.</p> <p><b>Out-of-State Participants: FAXES NOT ACCEPTED.</b> Send completed sign-in sheet and evaluation to above address. Allow <u>four weeks</u> for CNE Certificate to be mailed.</p>
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