

**ALABAMA DEPARTMENT OF PUBLIC HEALTH**  
**Office of Professional & Support Services, RSA Tower, Suite 1010, Montgomery, AL**

**PROGRAM ATTENDANCE SHEET**

**Program Name: Eliminating Health Disparities, Promoting Health Equity and the National Partnership**

**DATE: 10/20/10**

**Location: Video Communications**

**Name Activity Coordinator: Maury West, LGSW 334-206-3383**

**Agency: BPSS, Alabama Department of Public Health**

**Street Address: 201 Monroe Street, Suite 1010**

**City, State, Zip: Montgomery, Alabama 36130-3017**

**Distribute certificates after program; return this sheet with evaluation summary for CE Records**

<b>PARTICIPANT's NAME (Please PRINT clearly)</b>	<b>LICENSE NUMBER</b>	<b>COUNTY or AGENCY</b>	<b>DISCIPLINE (RN, SW, NUTR, Etc., NOT Job Title)</b>

*Send completed sign-in sheets and evaluation form summaries to: Michele Jones, Training Coordinator, Alabama Department of Public Health, Office of Professional and Support Services, PO Box 303017, Suite 1010, Montgomery, AL 36130-3017*