LIVE PRESENTATION Program Attendance Sheet

Alabama Department of Public Health Nursing Division ABN Provider Number: ABNP0387 ASNA Activity No: 5-91.545

Program Name: Collaborative Efforts for Emergency Planning Between ADPH and Healthcare Organization

ABN CNE Hours: 2.0

ASNA CNE Hours: 1.75

NP Pharmacology Hours: 0

Date of Program:	Site Facilitator: Sallie Shipman, MSN, RN, CNL Location:				
PARTICIPANT'S NAME as it appears on the Professional License (please PRINT clearly)	DISCIPLINE (RN, SW, RD, etc., NOT Job Title)	LICENSE NUMBER	AGENCY NO ABBREVIATIONS	ADDRESS	
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ADPH Site Facilitator: Send completed <u>Program Attendance Sheets</u>, <u>Evaluation Summary</u>, and <u>Alabama Board of Nursing Roster Report</u> to: Bureau of Professional and Support Services, Suite 1040, Alabama Department of Public Health, PO Box 303017, Montgomery, AL 36130-3017. For staff that has access to TriCorder software, nursing attendance must be uploaded to the Alabama Board of Nursing BEFORE this form is submitted. **FAXES NOT ACCEPTED**