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Date: August 10, 2011		Activity Code. <u>A1.1353</u>			
arrival and departure time.	<u>ust</u> be present at the entire event (arrive . You <u>must</u> submit a completed evaluat	Presenters: Lori Howell, RN, BSN; Carol Tucker, RN, BS Kathy Karsting, RN, MPH (arrive no more than 5 minutes after start of session). You must sign in and note evaluation form. Materials must be received by Kathy Karsting, RN, DHHS Scho. Fax 402-471-7049. Mailing address: P.O. Box 95026, Lincoln, NE 68509-5026.			
NAME (please print clearly)	Home address AND email Please write clearly! This is where your certificate will be sent.	Discipline (RN, LPN, other)	SIGNATURE	Time In	Time Out