| MATEC | Sign-In | Sheet |
|-------|---------|-------|
|       |         |       |

| MATEC Sign-In Sheet   |  |  |   |  |  |  |  |  |  |
|-----------------------|--|--|---|--|--|--|--|--|--|
| Program Name Location |  | tion   | Date(s)   | Program ID                                       |  |  |  |  |  |
| NAME                  | DISCIPLINE (check or                                       | ne only)   |   | EMAIL - PLEASE PRINT LEGIBLY                     |  |  |  |  |  |
| Print name:           | <ul> <li>Other Dental Prof.</li> <li>Pharmacist</li> </ul> | □ Physician Assistant<br>□ Nurse<br>□ Social Worker<br>□ Health Educator                               | <ul> <li>Dentist</li> <li>Adv Practice Nurse</li> <li>Mental/Beh Health Prof.</li> <li>Oth Public Health Prof.</li> </ul> | Email Address                                    |  |  |  |  |  |
| Signature:            |  | Comm. Health Worker  | □ Clergy/Faith Based Prof   | DO NOT SHARE with National<br>Evaluation Center* |  |  |  |  |  |
| Print name:           | <ul> <li>Other Dental Prof.</li> <li>Pharmacist</li> </ul> | <ul> <li>Physician Assistant</li> <li>Nurse</li> <li>Social Worker</li> <li>Locith Educator</li> </ul> | <ul> <li>Dentist</li> <li>Adv Practice Nurse</li> <li>Mental/Beh Health Prof.</li> <li>Oth Public Health Prof.</li> </ul> | <u>Email Address</u>                             |  |  |  |  |  |
| Signature:            |  | <ul> <li>Health Educator</li> <li>Comm. Health Worker</li> </ul>                                       | <ul> <li>Oth Public Health Prof.</li> <li>Clergy/Faith Based Prof</li> </ul>  | DO NOT SHARE with National<br>Evaluation Center* |  |  |  |  |  |
| Print name:           | <ul> <li>Other Dental Prof.</li> <li>Pharmacist</li> </ul> | <ul> <li>Physician Assistant</li> <li>Nurse</li> <li>Social Worker</li> <li>Health Educator</li> </ul> | <ul> <li>Dentist</li> <li>Adv Practice Nurse</li> <li>Mental/Beh Health Prof.</li> <li>Oth Public Health Prof.</li> </ul> | Email Address                                    |  |  |  |  |  |
| Signature:            |  | Comm. Health Worker  | <ul> <li>Our Fublic Health From</li> <li>Clergy/Faith Based Prof</li> </ul>   | DO NOT SHARE with National<br>Evaluation Center* |  |  |  |  |  |
| Print name:           | <ul> <li>Other Dental Prof.</li> <li>Pharmacist</li> </ul> | <ul> <li>Physician Assistant</li> <li>Nurse</li> <li>Social Worker</li> </ul>                          | <ul> <li>Dentist</li> <li>Adv Practice Nurse</li> <li>Mental/Beh Health Prof.</li> </ul>                                  | Email Address                                    |  |  |  |  |  |
| Signature:            |  | <ul> <li>Health Educator</li> <li>Comm. Health Worker</li> </ul>                                       | <ul> <li>Oth Public Health Prof.</li> <li>Clergy/Faith Based Prof</li> </ul>  | DO NOT SHARE with National<br>Evaluation Center* |  |  |  |  |  |
| Print name:           | <ul> <li>Other Dental Prof.</li> <li>Pharmacist</li> </ul> | Physician Assistant<br>Nurse<br>Social Worker  | <ul> <li>Dentist</li> <li>Adv Practice Nurse</li> <li>Mental/Beh Health Prof.</li> <li>Oth Dublic Health Prof.</li> </ul> | Email Address                                    |  |  |  |  |  |
| Signature:            |  | <ul> <li>Health Educator</li> <li>Comm. Health Worker</li> </ul>                                       | <ul> <li>Oth Public Health Prof.</li> <li>Clergy/Faith Based Prof</li> </ul>  | DO NOT SHARE with National<br>Evaluation Center* |  |  |  |  |  |

Dentist

□ Adv Practice Nurse

□ Mental/Beh Health Prof.

□ Oth Public Health Prof.

□ Clergy/Faith Based Prof

Email Address

DO NOT SHARE with National

**Evaluation Center\*** 

Physician Assistant

Comm. Health Worker

□ Social Worker

Health Educator

□ Nurse

Physician

Pharmacist

□ Other Dental Prof.

Dietitian/Nutritionist

□ Other (please specify):

□ Sub Abuse Prof

Print name:

Signature:

## **DISCIPLINE** (check one only)

## **EMAIL** - PLEASE PRINT LEGIBLY

| Print name:               | <ul> <li>Physician</li> <li>Other Dental Prof.</li> <li>Pharmacist</li> <li>Sub Abuse Prof</li> <li>Health Educator</li> </ul> | <ul> <li>Dentist</li> <li>Adv Practice Nurse</li> <li>Mental/Beh Health Prof.</li> <li>Oth Public Health Prof.</li> </ul> | <u>Email Address</u>                             |
|---------------------------|--|---|--|
| Signature:                | <ul> <li>Dietitian/Nutritionist</li> <li>Comm. Health Worker</li> <li>Other (please specify):</li> </ul>                       | Clergy/Faith Based Prof   | DO NOT SHARE with National<br>Evaluation Center* |
| Print name:               | <ul> <li>Physician</li> <li>Other Dental Prof.</li> <li>Pharmacist</li> <li>Sub Abuse Prof</li> <li>Health Educator</li> </ul> | <ul> <li>Dentist</li> <li>Adv Practice Nurse</li> <li>Mental/Beh Health Prof.</li> <li>Oth Public Health Prof.</li> </ul> | <u>Email Address</u>                             |
| Signature:                | <ul> <li>Dietitian/Nutritionist</li> <li>Comm. Health Worker</li> <li>Other (please specify):</li> </ul>                       | Clergy/Faith Based Prof   | DO NOT SHARE with National<br>Evaluation Center* |
| Print name:               | <ul> <li>Physician</li> <li>Other Dental Prof.</li> <li>Pharmacist</li> <li>Sub Abuse Prof</li> <li>Health Educator</li> </ul> | <ul> <li>Dentist</li> <li>Adv Practice Nurse</li> <li>Mental/Beh Health Prof.</li> <li>Oth Public Health Prof.</li> </ul> | <u>Email Address</u>                             |
| Signature:                | <ul> <li>Dietitian/Nutritionist</li> <li>Comm. Health Worker</li> <li>Other (please specify):</li> </ul>                       | Clergy/Faith Based Prof   | DO NOT SHARE with National<br>Evaluation Center* |
| Print name:               | <ul> <li>Physician</li> <li>Other Dental Prof.</li> <li>Pharmacist</li> <li>Sub Abuse Prof</li> <li>Health Educator</li> </ul> | <ul> <li>Dentist</li> <li>Adv Practice Nurse</li> <li>Mental/Beh Health Prof.</li> <li>Oth Public Health Prof.</li> </ul> | <u>Email Address</u>                             |
| Signature:                | <ul> <li>Dietitian/Nutritionist</li> <li>Comm. Health Worker</li> <li>Other (please specify):</li> </ul>                       | □ Clergy/Faith Based Prof   | DO NOT SHARE with National<br>Evaluation Center* |
| Print name:               | Physician  | Dentist   |  |
|                           | <ul> <li>Other Dental Prof.</li> <li>Pharmacist</li> <li>Sub Abuse Prof</li> <li>Health Educator</li> </ul>                    | <ul> <li>Adv Practice Nurse</li> <li>Mental/Beh Health Prof.</li> </ul>   | <u>Email Address</u>                             |
| Signature:                |  | Adv Practice Nurse  | DO NOT SHARE with National Evaluation Center*    |
| Signature:<br>Print name: | <ul> <li>Pharmacist</li> <li>Sub Abuse Prof</li> <li>Dietitian/Nutritionist</li> <li>Comm. Health Worker</li> </ul>            | <ul> <li>Adv Practice Nurse</li> <li>Mental/Beh Health Prof.</li> <li>Oth Public Health Prof.</li> </ul>                  | DO NOT SHARE with National                       |