CERTIFICATE OF ATTENDANCE SIGN-UP SHEET

Revised Federal Guidance Regarding Accidents and Supervision Appendix PP, State Operations Manual (SOM) for F323

Sponsored by the Minnesota Department of Health and Stakeholder Group for the Training
(see program information sheet for a complete listing)

Web-based Training – Monday, September 17, 2007
10:00 – 11:30 a.m. or 1:00 – 2:30 p.m.

Contact person _____**E-Mail Address (required)** _____

Facility_____

Address_____**City**_____**Zip**_____

Participated in which training session: (check one) _____ 10:00 – 11:30 a.m. _____ 1:00 – 2:30 p.m.

Participated in an archived session on the MDH web site: Date_____

Types of CEUs available: Application has been made to MN-BENHA, the program is designed to be appropriate for Nursing contact hours and general CEUs for individual application or verification of attendance.

First Name (PRINT)	Last Name (PRINT)	Signature

** Please note: Certificates of attendance will only be sent to those organizations and individuals who actually participated in the training. This process is based on the honor system with individual signatures verifying that participation.* MAIL this form to: MHHA, 2550 University Ave. West, Suite 350 S, St. Paul, MN 55114 * ATTN: Beth Gabrysiak