

MARQUETTE GENERAL HEALTH SYSTEM  
**Attendance Record CAC ONLY**

**Topic:** Suffering: Physical pain and Beyond

Date **Sept. 4, 2008**

Time frame: 10 AM – 12PM



# Credit Hours: 2.0  
**Please indicate your Telehealth Site**

*You must supply **ALL** information in order to receive proper credit.*

F:\common\Telehealth\edu\swmgms attendancerecord.doc

<b>CAC ONLY</b> <b>PRINT NAME</b> First, middle initial, last <b><u>Then write a signature</u></b> under the printed name	<b>Non MGHS—</b> <b>Record your <u>place</u></b> <b>of work</b>  <b>For MGHS</b> <b>Unit/Dept</b>	<b>MGHS</b> <b>Emp.</b> <b>Number</b> <b>(Back of ID</b> <b>Badge)</b>	If Non UPTN, Did they Pay?	<b>NON-MGHS EMPLOYEES ONLY!</b>
				Full Address
1.				Street:
				City/ST/Zip:
2.				Street:
				City/ST/Zip:
3.				Street:
				City/ST/Zip:
4.				Street:
				City/ST/Zip:
5.				Street:
				City/ST/Zip:
6.				Street:
				City/ST/Zip: