MARQUETTE GENERAL HEALTH SYSTEM

Attendance Record SOCIAL WORKERS

Topic: **ADHD in Substance Abuse and BHS Patients**

Date: **November 4, 2009**

Time frame: 10 AM – 12PM

Provider Course Number 032309-26

Monitor signature:_____

Credit Hours: 2.0

Please indicate your Telehealth Site:_____

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

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

SOCIAL WORKERS **PRINT NAME** First, middle initial, last **Then write a signature** under the printed name	**Non MGHS—Record your place of work** For MGHS Unit/Dept	**MGHS Emp. Number (Back of ID Badge)**	If Non UPTN, Did they Pay? Check #	**Monitor indicate time in & out with Initials** In	Out	Social Work License number	Check here if **CAC**	***NON-MGHS EMPLOYEES ONLY!*** 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: