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Attendance Sheet

Ohio Department of Mental Retardation and Developmental Disabilities  
ATTENDANCE SHEET

<b>CE Committee Use Only</b>
<b>CE Application Number:</b>

<b>Name of Organization:</b>	<b>Date(s) of Offering:</b>	<b>Number of Contact Hours:</b>
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<b>Title of Offering:</b>	<b>Department Organizing Training</b>
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**Objectives of Offering:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Recommendations for Future Presentations:**

**Summary of Evaluations:**

**Signature of Instructor(s):**

**THE FOLLOWING INFORMATION IS MANDATORY**

<b>Trainee's Name: (Print Legibly)</b>	<b>Nursing License Number: Or Last 4 digits of SS#:</b>	<b>Signature:</b>	<b>RN:</b>	<b>LPN:</b>	<b>OTHER:</b>
1.					
2.					
3.					
4.					
5.					

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Attendance Sheet (Continued)

Trainee's Name: (Print Legibly)	Nursing License Number: Or Last 4 digits of SS#:	Signature:	RN:	LPN:	OTHER:
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