

Course Name: _____ **Date(s):** _____ **Start Time/End Time:** _____
Instructor/ Facilitator Name(s): _____
Location: _____
Educational Method: Interactive lecture, discussion, small group problem solving, small group discussion **# Contact Hours Earned Upon Completion of Course:** _____

ATTESTATION: I verify that the participants signed below have attended each day indicated on the sign-in sheet, and have completed all the required activities. I have reviewed this sheet and attest that all names and email addresses are LEGIBLE. **INSTRUCTOR/FACILITATOR SIGNATURE:** _____

PARTICIPANT INSTRUCTIONS - Print legibly. If your name and email address are illegible, you will not receive credit for attending and will not be issued a certificate. You **MUST** write your name and your License # if you are interested in CEU.

First Name	Last Name	Email Address	License # <i>*Required* for CEs Only</i>	Credential: LMSW, LCSW, CASAC, etc. or Other Learner	OMH Facility ~or~ Non-OMH Organization Name	Day 1 Signature	Day 2 Initial
ex. Stephanie	Crane	stephanie.crane@omh.ny.gov	123456	Other Learner	OMH- Central Office		

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