

YOUR CITYT/STATE: _____

TOPIC: _____

Date & Agency: _____

PLEASE FAX or EMAIL
THE SAME WEEK AS
THE CLASS
*Include roster and post
tests**NAME and LICENSURE****E-MAIL****CE or OTEP Credit**

NAME and LICENSURE	E-MAIL	CE or OTEP Credit

**INCLUDE: ATTENDANCE, POST-TESTS, AND COMPLETE ONLINE EVALUATION.
CERTIFICATES OF COMPLETION ARE NOT VALID WITHOUT SUBMISSION OF
COMPLETED FORMS ON FILE WITH PROVIDENCE HEALTH TRAINING.**

Please email completed roster to:
Healthtraining.wa@providence.org