

\*Attendance Record for \_\_\_\_\_ Date \_\_\_\_\_  
(Program)

<u>PRINT NAME</u> <i>Last, First</i>	<u>DEGREE</u> (MD, DO, DDS, RN)	<u>ATTENDING/ RESIDENT SPECIALTY</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>

\*Program planners **may not** share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.