**SOCIAL WORKERS ONLY - PLEASE PRINT!**

**PROVIDER: GSWSM - (Insert Chapter) DATE : (Insert Date)**

**COURSE TITLE: (Insert Title of Presentation)**

**PROVIDER COURSE NUMBER: MICE0071**

**NAME State Licensure # Sign IN Sign Out Attendee’s Signature E-MAIL ADDRESS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |