**Attendance Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date:** Click here to enter a date. | **Time:**  | **Location:**  |
|  | **Coordinated/Facilitated by :**  | **Conducted by:** Chairperson |
|  | **Council/Meeting/Topic:**  |  |
|  | **Print Full Name****I.e.: Susan Jones** | ***Clearly list your Credentials*** | **Position/Title****Clinical Nurse, ANM, NM, Director, RT, PT, NP, PA, CNO, etc.**  | **Unit** | **Signature** | **On/ Off Duty** |
| 1 |  |  |  |  |  |  [ ] Yes [ ] No |
| 2 |  |  |  |  |  |  [ ] Yes [ ] No |
| 3 |  |  |  |  |  |  [ ] Yes [ ] No |
| 4 |  |  |  |  |  |  [ ] Yes [ ] No |
| 5 |  |  |  |  |  |  [ ] Yes [ ] No |
| 6 |  |  |  |  |  |  [ ] Yes [ ] No |
| 7 |  |  |  |  |  |  [ ] Yes [ ] No |
| 8 |  |  |  |  |  |  [ ] Yes [ ] No |
| 9 |  |  |  |  |  |  [ ] Yes [ ] No |
| 10 |  |  |  |  |  |  [ ] Yes [ ] No |
| 11 |  |  |  |  |  |  [ ] Yes [ ] No |
| 12 |  |  |  |  |  |  [ ] Yes [ ] No |
| 13 |  |  |  |  |  |  [ ] Yes [ ] No |
| 14 |  |  |  |  |  |  [ ] Yes [ ] No |
| 15 |  |  |  |  |  |  [ ] Yes [ ] No |
| 16 |  |  |  |  |  |  [ ] Yes [ ] No |
| 17 |  |  |  |  |  |  [ ] Yes [ ] No |
| 18 |  |  |  |  |  |  [ ] Yes [ ] No |
| 19 |  |  |  |  |  |  [ ] Yes [ ] No |
| 20 |  |  |  |  |  |  [ ] Yes [ ] No |