



## ROUNDS SIGN-IN SHEET

**SUBJECT:** \_\_\_\_\_

**PRESENTER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NUMBER OF CREDITS:** \_\_\_\_\_

**ATTENDEES (PRINT NAME):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

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16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

**WITNESS (Print Name):** \_\_\_\_\_

**\*Must be witnessed by the department supervisor, manager or telehealth coordinator\***