



**Saskatchewan**  
Association of Medical Radiation Technologists

## Round Template Sign-In Sheet

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

PRESENTER(S): \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

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

Number of Credits: \_\_\_\_\_ (1 Credit for every 45 – 60 minutes)

### SIGN IN (Print Name):

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

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

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

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

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

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

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

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

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

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

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

21. \_\_\_\_\_

7. \_\_\_\_\_

22. \_\_\_\_\_

8. \_\_\_\_\_

23. \_\_\_\_\_

9. \_\_\_\_\_

24. \_\_\_\_\_

10. \_\_\_\_\_

25. \_\_\_\_\_

WITNESS: \_\_\_\_\_

NAME (Print): \_\_\_\_\_

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