EDUCATIONAL PROGRAM ATTENDANCE SHEET

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| Date: | Time: |
| Program Title: Hands on Ventilator Training *LMS Administrator: Please log as satisfying the course “EX - Hands-On Ventilator Education”* |
| Facilitator(s): |

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|  | PRINT NAME | Department | **EMPLOYEE NUMBER**  |
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| 40.Please send rosters to your Business Unit Learning Management System Administrators. |  |  |  |