

# L.A. Care Sign-In Sheet

Name of PPG/PCP/Specialist/Hospital/Other: \_\_\_\_\_

Training Location: \_\_\_\_\_

Facilitator Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Training: \_\_\_\_\_



Print Name (first, last)	Signature	Job Title	Email Address

By signing your name above, you attest that you have completed the training or attended the event indicated on this sign-in sheet. 09/21/2021aw

\*LA CARE FORMS AND THE LANGUAGE CONTAINED HEREIN ARE NOT TO BE ALTERED. IF A SECOND SHEET IS NEEDED, PRINT AND LABEL AS PAGE 2.