**INTERNATIONAL ASSOCIATION OF FORENSIC NURSES**

**PARTICIPANT LIST, LIVE EVENT**

**SIGN-IN**

**Title of Educational Activity:** Clinical Skills Lab

**Educational Activity Location:** Click here to enter text.

**Educational Activity Dates:** Click here to enter text.

* *IAFN is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.*
* *Attendees must attend full training and complete the evaluation to receive contact hours.*
* *The planners, presenters, and content reviewers of this course disclose no conflict of interest relative to this educational activity.*
* *This training receives no commercial support.*
* *This training is co-provided with Name of Agency Contracting with IAFN*

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| **Participant Name (Required)** | | **Participant Email Address (Required)** | **Day 1**  **(Date)**  **Participant Initials On Day 1** | **Day 2**  **(Date)**  **Participant Initials On Day 2** |
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