**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*

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Name (Required)** | **Participant Email Address (Required)** | **Day 1****(Date)****Participant Initials On Day 1** | **Day 2****(Date)****Participant Initials On Day 2** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |