

RCAP Webinar Sign-In Sheet

Webinar Title: _____

Date/Time: _____

Group Participation Site Location: _____

Name	Job Title	Organization	Operator Core ID#	Email	Ph.	Signature

I _____ hereby certify that all of the participants checked as having attended and seeking operator contact hours were present and participated during the entire class.

Signature

Title

Date

If you are hosting this training for others to view, please email or fax a sign-in sheet at the completion. The sign-in sheet needs to be signed verifying that all the participants were in attendance and participated for the entire training. Unfortunately, without a sign-in sheet the participants will not be able to receive credit. Please scan/email this sheet to vjvanfleet@qlcap.org or fax to 419-333-6197.