VERIFICATION AND DOCUMENTATION OF NUTRITION EDUCATION - RESIDENTS

State Form 49972 (R / 5-09) / BCC 0022

Name of topic:
Name of presenter
Title of presenter
Outline or brief summary of presentation (*may be attached on separate sheet of paper*)

RESIDENTS IN ATTENDANCE:	
1.	13.
2.	14.
3.	15.
4.	16.
5.	17.
6.	18.
7.	19.
8.	20.
9.	21.
10.	22.
11.	23.
12.	24.

Signature of educator	Date (*month, day, year*)