Province-Wide Rounds: ATTENDANCE SIGN-IN SHEET

Date: _____

NOTE: A sign-in sheet is required if you wish to collect CME Credit(s). Note, you must sign and print your name and fax or e-mail CLEARLY in order for us to keep proper records.
Please fax form back to Elsie Cabrera AT 416-603-5292. Thank you!!

NAME (Please Print your full name **clearly**)	**SIGNATURE**	**CME CREDIT**		**Fax # or E-mail**
		Yes	**No**	

Photocopy additional forms as necessary