

# L.A. Care Sign-In Sheet

Name of PPG/PCP/Specialist/Hospital/Other: \_\_\_\_\_

Training Location: \_\_\_\_\_

Facilitator Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Training: \_\_\_\_\_



**L.A. Care**  
HEALTH PLAN®

| Print Name (first, last) | Signature | Job Title | Email Address |
|--------------------------|-----------|-----------|---------------|
| In Process               |           |           |               |
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By signing your name above, you attest that you have completed the training or attended the event indicated on this sign-in sheet.

# L.A. Care Sign-In Sheet



**L.A. Care**  
HEALTH PLAN<sup>®</sup>

| Print Name (first, last) | Signature | Job Title | Email Address |
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In Process

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