 **AMI/Public Service ATTENDANCE RECORD**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owes \_\_\_\_ AMI hours \_\_\_\_ PS Hours by Next CM date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_ Treatment/Groups, \_\_\_\_\_\_ Public Service, \_\_\_\_\_ Smart Goals**

**NOTES:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Event Date** | **AMI/PS Event** | **# Hours** | **Verification****Name** | **Verification Contact #** |
| **1.** |  |  |  |  | **( ) -** |
| **2.** |  |  |  |  | **( ) -** |
| **3.** |  |  |  |  | **( ) -** |
| **4.** |  |  |  |  | **( ) -** |
| **5.** |  |  |  |  | **( ) -** |
| **6.** |  |  |  |  | **( ) -** |
| **7.** |  |  |  |  | **( ) -** |
| **8.** |  |  |  |  | **( ) -** |
| **9.** |  |  |  |  | **( ) -** |
| **10.** |  |  |  |  | **( ) -** |
| **11.** |  |  |  |  | **( ) -** |
| **12.** |  |  |  |  | **( ) -** |
| **13.** |  |  |  |  | **( ) -** |
| **14.** |  |  |  |  | **( ) -** |
| **15.** |  |  |  |  | **( ) -** |
| **16.** |  |  |  |  | **( ) -** |