



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.					() -