

National Association of Social Workers (NASW)

Professional Development Event Sign-In Sheet

Participant's Name: _____

Member of NASW? Yes No **State of Licensure:** _____

Address: _____

Email Address: _____ **Phone Number:** _____

Participant's Signature: _____

Name of Event (select only one):

- Introduction to Restorative Practices and Using Circles Effectively (Days 1 & 2 of Basic Restorative Practices)
- Facilitating Restorative Conferences, parts 1 & 2 (Days 3 & 4 of Basic Restorative Practices)

Location of Event (city and state): _____

Participant must specify the date, sign-in and sign-out times, and initial each day of the event

Date: _____ Sign-In Time: _____ Sign-Out Time: _____ Initial: _____

Date: _____ Sign-In Time: _____ Sign-Out Time: _____ Initial: _____

Total Continuing Education Hours: 12 **Approval Number: 886656845**

Instructor's Name (Totals Hours for Participants): _____

Instructor's Signature: _____

(Instructor's signature verifies attendance during the entire event)