UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES
ATTENDANCE ROSTER

PROGRAM: Project ECHO Management of Opioid Use Disorder	**DATE:**
SPOKE SITE NAME & MAILING ADDRESS:	

Please print your name, title, and address legibly to receive CME credits (or a certification of participation for non-physicians) for attending this activity. You must submit a program evaluation and pre and post tests in order to have your CME recorded.

BE SURE TO WRITE LEGIBLY – WE NEED TO BE ABLE TO READ WHAT YOU WRITE!!!!

NAME	TITLE (MD, RN, etc.)	EMAIL ADDRESS