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New Jersey Lead Course Attendance Form									
Agency Name Agency No. Day of Course Course ID No.					Dates of course				
Type of Course: Initial Refresher Discipline: WHPB SHPB WCBS SCBS IRA PPD Course Language									
	Morning S	Sign-in		After Lunch Sign-in		End of Day Sign-out			
#	Print Name Legibly	Signature	Time	Signature	Time	Signat		Time	EHS-9 Number
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									

me	Agency No.	Agency No. ng Sign-in		Day of Course After Lunch Sign-in		Course ID No. End of Day Sign-out		
Мо	rning Sign-in							
Print Name Legibly	Signature	Time	Signature	Time	Signature	Time	EHS-9 Number	
		Instr	uctor Information					

		Sul	ojects Taught (
		General	Health	Smoking		
Print Instructor Name	Signature	Lecture	Effects	Cessation	Hands-on	Date
			I		1	1

Agency Name

Directions: Cross out any blank signature lines (for both students and instructors).

If a student misses more than an hour of time or leaves and does not return, cross off their name and void the EHS-9 form. Return voided form to DOH with course paperwork.