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| **DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**  Division of Medicaid Services  F-00915A (02/2017)  wisconsin birth to 3 program  request for data discussion certificate of attendance | | | | | | | |
| **Instructions:** To receive a Certificate of Attendance for participating in a Birth to 3 Program Data Discussion, you must do the following:   1. **Attendance:** Attend the Data Discussion in person or listen to the recording. 2. **Code Number:** During the Data Discussion, a code number will be announced. Write the code number in the box below. This code number is used to verify that you attended/participated. Do not share this number with individuals who did not attend/participate in the Data Discussion. 3. **Evaluation Form:** Complete the Data Discussion Evaluation, F-00915. Send the Data Discussion Evaluation and this form to the address listed below. Once received, the evaluation will be separated from this form so that no identifying information will be attached to it. The evaluations will be compiled into a summary that will be used to plan future training opportunities. 4. **Complete BOTH and Return:** Complete the information below and submit it, along with the Data Discussion Evaluation, **within 30 days** to the address listed below. 5. **Questions?** Email [DHSDLTCBto3Group@dhs.wisconsin.gov](mailto:DHSDLTCBto3Group@dhs.wisconsin.gov). | | | | | | | |
| If completing this form online, use the Tab Key to move through each section. | | | | | **CODE NUMBER** | | |
| Date of Data Discussion | Date Attended / Watched | Affiliation (County/Tribe/Agency) | | | | | |
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| Topic | | | | | | | |
|  | | | | | | | |
| Name | | | | Telephone Number | | | |
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| Mailing Address  Home  Work | | | City | | | State | Zip |
|  | | |  | | |  |  |
| Email | | | County of Employment | | | | |
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| **I certify by my signature that I attended the above-noted Data Discussion:** | | | | | | | |
| return to:  Department of Health Services  Birth to 3 Program  1 West Wilson Street, Rm 418  P O Box 7851  Madison, WI 53703-7851 | | | | | | | |