



# SAMPLE ATTENDANCE RECORD SAMPLE

September 1, 2005 - August 31, 2006

- Please place the names of the members in the appropriate area and record the number of hours each member attends. Include the name of the topic discussed in that session, along with the date.
- Once the group has met for the last time for the year, i.e. **after August 31, 2006**, please complete and return the form to The Foundation's office. The form will be used to calculate study credit hours for each individual member. Once the attendance record is received, study credit letters will be issued to each **paid** member for distribution by the facilitator. **Please do not send the hours in after each session.**

The Foundation for Medical Practice Education, McMaster University, 1280 Main Street West; DTC Basement Level, Hamilton, ON L8S 4L8

Fax: 905-540-4988

| NAME   | Mtg 1 Hrs.             | Mtg 2 Hrs.                  | Mtg 3 Hrs.             | Mtg 4 Hrs.                          | Mtg 5 Hrs.              |  |  | Mtg 1 Hrs.       | Mtg 2 Hrs. | Mtg3 Hrs. | Mtg4 Hrs.            | Mtg5 Hrs. |  |
|--|------------------------|-----------------------------|------------------------|-------------------------------------|-------------------------|--|--|------------------|------------|-----------|----------------------|-----------|--|
| FAC'R: <b>Carter, Isaac</b>  | 1.5                    | 1.5                         | 1.5                    | 3.5                                 | 1.5                     |  |  | ✓                | P          | ✓         | ✓                    | H         |  |
| <b>Darenton, Gene</b>  | 1.5                    | 0                           | 0                      | 2                                   | 1.5                     |  |  | ✓                | A          | ×         | ✓                    | H         |  |
| <b>Findley, John</b>   | 0                      | 1.5                         | 0                      | 3.5                                 | 1.5                     |  |  | ×                | P          | ---       | ✓                    | H         |  |
| <b>Smiley, Derrick</b>   | 1.5                    | 0                           | 1.5                    | 0                                   | 0                       |  |  | ✓                | A          | ✓         | ---                  | A         |  |
| <b>Tuttle, Aiden</b>   | 1.5                    | 1.5                         | 1.5                    | 3.5                                 | 1.5                     |  |  | ✓                | P          | ✓         | ✓                    | H         |  |
|  | <b>CORRECT</b>         |                             |                        |                                     |                         |  |  | <b>INCORRECT</b> |            |           |                      |           |  |
| <b>DATE (Day/Month):</b>   | 02/09/05               | 26/11/05                    | 20/02/06               | 16/03/06                            | 20/05/06                |  |  | 02/09            | 26/11      |           | 03/16                |           |  |
| <b>TOPIC:</b><br><span style="color: red;">EXACT MODULE TOPIC NAME REQUIRED</span> | Work-Related<br>Asthma | Irritable Bowel<br>Syndrome | Atrial<br>Fibrillation | Cognitive<br>Behavioural<br>Therapy | Falls in the<br>Elderly |  |  | Asthma           |            | A.F       | Cogn.<br>Behav. The. |           |  |

*(continued on reverse)*