ImPACTS SIGN IN SHEET

ImPACTS Session Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Email | Role (MD, RN, RT, tech) | Years in role in this ED | # pedi pts you cared for last month | Years since last PALS cert (list never if applies) |
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