

**Suicide Risk Assessment and Intervention Training (Screener)
Attendance Sheet**

Date: _____

Trainer(s): _____

Zone/Location: _____

Please print clearly.

Name of Attendee	Email address
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Please fax or scan to email the attendance sheet to Erin Keefe at 902-425-3936 or erina.keefe@nshealth.ca.

Suicide Risk Assessment and Intervention Training (Screener)
Attendance Sheet – Side 2

Please print clearly.

Name of Attendee	Email address
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