University of Nevada, Reno
School of Medicine
Project ECHO

SIGN-IN SHEET

Date: December 7th, 2018 **Facilitator:** Kathryn L. Eckert, MD

TeleEcho Clinic: Complex Pediatrics Clinic

PLEASE SUBMIT COMPLETED FORM NO LATER THAN ONE WEEK AFTER THE CLINIC DATE

FAX COMPLETED FORM TO: (775) 327-5112

Name	E-mail Address	Primary Work Facility		Credential(s)	Signature
Please **PRINT** your name	Your e-mail address	Place of work	National Provider ID	MD/RN/etc.	*Sign here