Pediatric Perspectives: Food Allergies

Date: September 11, 2012 (Live Event). **Activity Code. 31229**
Date: (if recorded session viewed as self-study) _____

Location: _____ **Presenter: Dr. M. Scott Applegate**

Please Read:
For contact hours: You must be present at the entire event (arrive no more than 5 minutes after start of session). You must sign in and note arrival and departure time. You must submit a completed evaluation form. Materials must be received by Kathy Karsting, RN, DHHS School and Child Health Program. kathy.karsting@nebraska.gov. Fax 402-471-7049. Mailing address: P.O. Box 95026, Lincoln, NE 68509-5026.

NAME (please print clearly)	Home address AND email *Please write clearly!* *This is where your certificate will be sent.*	Discipline (RN, LPN, other)	SIGNATURE	Time In	Time Out