

Agency Name		Agency No.		Day of Course		Course ID No.		Dates of course
#	Morning Sign-in			After Lunch Sign-in		End of Day Sign-out		ASB-24 Number
	Print Name Legibly	Signature	Time	Signature	Time	Signature	Time	
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								

Instructor Information

Print Instructor Name	Signature	Subjects Taught (check all that apply)				Date
		General Lecture	Health Effects	Smoking Cessation	Hands-on	

Directions: Cross out any blank signature lines (for both students and instructors).

If a student misses more than an hour of time or leaves and does not return, cross off their name and void the ASB-24 form. Return voided form to DOH with course paperwork.