

To receive a **Certificate of Attendance** for participating in a **Birth to 3 Wisline**, you must do the following:

1. **Attendance:** Attend the Wisline at a site convenient to you.
2. **Wisline Code Number:** During the Wisline session, a code number will be announced. You should write this number at the top right hand corner of this form. Please do not share this number with individuals who do not attend the Wisline. This number is used to verify that you were in attendance.
3. **Evaluation Form:** Complete the evaluation form included in your Wisline announcement. The evaluation should be sent along with this attendance request form. When we receive it, we will separate the two forms and no identifying information will be attached to the evaluation. The evaluations will be compiled into a summary that will be used to plan future training opportunities.
4. **Request for Certificate of Attendance:** Complete the information below and submit it, *along with your evaluation, within 30 days* to: Elizabeth Martinkus Wahl, WPDP, Waisman Center, Room A105, 1500 Highland Ave., Madison WI 53705-2280. *Please print clearly.* You must return the Evaluation Form with this form.
5. **Questions?** Contact Elizabeth Martinkus Wahl by e-mail at [martinkus@Waisman.Wisc.Edu](mailto:martinkus@Waisman.Wisc.Edu) or by phone at 608-265-9423.

Date of Wisline : \_\_\_\_\_ Subject: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ County of employment: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(Not mandatory - used only to assure identification, accessibility, and accuracy of records)

Check here if Home address \_\_\_\_\_ or Work address \_\_\_\_\_

*I certify by my signature that I attended the Wisline identified above:*

\_\_\_\_\_

**RETURN TO:**  
**Elizabeth Martinkus Wahl**  
**Waisman Center, Room A105**  
**1500 Highland Avenue**  
**MADISON WI 53705-2280**