Interdepartmental Collaboration

Title of Session:_____

Date: _____ **Lead Physician:** _____

Please note that FEMS Claim approvals are based on signed attendance sheets. All physicians MUST sign this attendance record in order to be approved for FEMS Claims, therefore, **please PRINT LEGIBLY**.

Please scan & submit completed attendance form to RHPSprojectmanager@outlook.com

FEMS related questions? Please email rhpsprojectmanager@outlook.com

Time of Arrival	Last Name	First Name	Signature