



**HEALTHCARE  
EQUALITY  
INDEX**

**PROMOTING  
LGBTQ PATIENT-  
CENTERED CARE**

**Please complete this sign-in sheet in order to receive credit in the Healthcare Equality Index for this LGBTQ Patient-Centered Care Training.**

**Facility Name:** \_\_\_\_\_

**Title of Presentation:** \_\_\_\_\_

**Name of Trainer(s):** \_\_\_\_\_

**Date of Presentation:** \_\_\_\_\_ **Length of Presentation:** \_\_\_\_\_

<b>Name (Please Print)</b>	<b>Title (Please Print)</b>	<b>Department (Please Print)</b>

*Please return completed sign in sheets to HRC by uploading via the online training credit request submission form at <http://bit.ly/HEI2019Group>*  
You may submit multiple sheets covering multiple sessions at one time. You do not need to upload after every training.