Using the space below, place your staff under their AccuVax level of access. This list can then be emailed out or posted on a bulletin board for them to sign up for their corresponding webinar!

AccuVax Mode: _____

Administrators:

1. Name:_____
   Email:_____
   Date Completed: _____
2. Name:_____
   Email:_____
   Date Completed: _____
3. Name:_____
   Email:_____
   Date Completed: _____
4. Name:_____
   Email:_____
   Date Completed: _____
5. Name:_____
   Email:_____
   Date Completed: _____
6. Name:_____
   Email:_____
   Date Completed: _____
7. Name:_____
   Email:_____
   Date Completed: _____
8. Name:_____
   Email:_____
   Date Completed: _____

Loading Clinicians:

1. Name:_____
   Email:_____
   Date Completed: _____
2. Name:_____
   Email:_____
   Date Completed: _____
3. Name:_____
   Email:_____
   Date Completed: _____
4. Name:_____
   Email:_____
   Date Completed: _____
5. Name:_____
   Email:_____
   Date Completed: _____
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   Email:_____
   Date Completed: _____
7. Name:_____
   Email:_____
   Date Completed: _____
8. Name:_____
   Email:_____
   Date Completed: _____

Clinicians:

1. Name:_____
   Email:_____
   Date Completed: _____
2. Name:_____
   Email:_____
   Date Completed: _____
3. Name:_____
   Email:_____
   Date Completed: _____
4. Name:_____
   Email:_____
   Date Completed: _____
5. Name:_____
   Email:_____
   Date Completed: _____
6. Name:_____
   Email:_____
   Date Completed: _____
7. Name:_____
   Email:_____
   Date Completed: _____
8. Name:_____
   Email:_____
   Date Completed: _____

Administrators:

9. Name:_____
   Email:_____
   Date Completed: _____

10. Name:_____
    Email:_____
    Date Completed: _____

11. Name:_____
    Email:_____
    Date Completed: _____

12. Name:_____
    Email:_____
    Date Completed: _____

13. Name:_____
    Email:_____
    Date Completed: _____

14. Name:_____
    Email:_____
    Date Completed: _____

15. Name:_____
    Email:_____
    Date Completed: _____

16. Name:_____
    Email:_____
    Date Completed: _____

Loading Clinicians:

9. Name:_____
   Email:_____
   Date Completed: _____

10. Name:_____
    Email:_____
    Date Completed: _____

11. Name:_____
    Email:_____
    Date Completed: _____

12. Name:_____
    Email:_____
    Date Completed: _____

13. Name:_____
    Email:_____
    Date Completed: _____

14. Name:_____
    Email:_____
    Date Completed: _____

15. Name:_____
    Email:_____
    Date Completed: _____

16. Name:_____
    Email:_____
    Date Completed: _____

Clinicians:

9. Name:_____
   Email:_____
   Date Completed: _____

10. Name:_____
    Email:_____
    Date Completed: _____

11. Name:_____
    Email:_____
    Date Completed: _____

12. Name:_____
    Email:_____
    Date Completed: _____

13. Name:_____
    Email:_____
    Date Completed: _____

14. Name:_____
    Email:_____
    Date Completed: _____

15. Name:_____
    Email:_____
    Date Completed: _____

16. Name:_____
    Email:_____
    Date Completed: _____