Cooper Clayton Method to Stop Smoking
Attendance Sheet

DEPARTMENT OF PUBLIC HEALTH AND WELLNESS

KCP Kentucky Cancer Program

Class Location: Day, Date, & Time of First Class:

Facilitator: Phone #:

	Participant Name	Intro	#Cigs	NRT	1	2	3	4	5	6	7	8	9	10	11	12	Notes
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Class Location: Day, Date, & Time of First Class:

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	Participant Name	Intro	# Cigs	NRT	1	2	3	4	5	6	7	8	9	10	11	12	Notes
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