



WVU Gerontology Practitioner Certificate

Compassionate Caregiver Conference

April 13, 2018

Participant Name: _____

Phone: (_____) _____ Email: _____

<u>Name of Session</u>	<u>Date</u>	<u>Hours</u>	<u>Signature of Presenter or Conference Official</u>
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- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

I attended the session(s) listed above.

Signature of Participant

Date

For more info on this reporting form or the WVU Gerontology Practitioner Certificate, contact Kristina Hash at kmhash@mail.wvu.edu.