



WVU Gerontology Practitioner Certificate
Workshop Reporting Form
Behavioral Mindfulness

Participant Name _____

Phone: (_____) _____ Email: _____

Name of Session Date Hours/Area

I attended the workshop(s) listed above.

Signature of Participant

Date

Signature of Presenter Conference Official

Date

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