



WVU Gerontology Practitioner Certificate
"OLLI Winter 2017 Class Sessions" Reporting Form

Participant Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Session Date Hours Signature of Presenter or Conference Official

- 1) \_\_\_\_\_
2) \_\_\_\_\_
3) \_\_\_\_\_
4) \_\_\_\_\_
5) \_\_\_\_\_
6) \_\_\_\_\_
7) \_\_\_\_\_
8) \_\_\_\_\_
9) \_\_\_\_\_
10) \_\_\_\_\_
11) \_\_\_\_\_
12) \_\_\_\_\_
13) \_\_\_\_\_
14) \_\_\_\_\_

I attended the session(s) listed above.

Signature of Participant

Date

For more info on this reporting form or the WVU Gerontology Practitioner Certificate, stop by the WVU School of Social Work Exhibit Booth OR contact Jacki Englehardt, MSW at 304-293-3501, ext. 3109 or Jacki.Englehardt@mail.wvu.edu