



WVU Gerontology Practitioner Certificate
"OLLI Spring 2016 Class Sessions" Reporting Form

Participant Name: _____

Phone: (____) _____ Email: _____

<u>Name of Session</u>	<u>Date</u>	<u>Hours</u>	<u>Signature of Presenter or Conference Official</u>
------------------------	-------------	--------------	--

- 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 Division of Social Work Exhibit Booth OR contact Jacki Englehardt, MSW at 304-293-3501, ext. 3109 or Jacki.Englehardt@mail.wvu.edu