



# WVU Gerontology Practitioner Certificate

## Reporting Form - Long Term Care Planning Workshop

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

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

Name of Session                      Date                      Hours/Area

I attended the workshop(s) listed above.

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Signature of Participant

Date

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Signature of Presenter Conference Official

Date

*For more info on this reporting form or the Gerontology Practitioner Certificate  
Contact Jacki Englehardt at 304-293-3280 or Jacki.Englehardt@mail.wvu.edu*