



WVU Gerontology Practitioner Certificate
"OLLI Fall 2016 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 Division of Social Work Exhibit Booth OR contact Jacki Englehardt, MSW at 304-293-3501, ext. 3109 or Jacki.Englehardt@mail.wvu.edu