



WVU Gerontology Practitioner Certificate

WVGS 13th Annual Scientific Assembly September 14, 2017

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) _____

I attended the session(s) listed above.

Signature of Participant

Date

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