

**Illinois Department on Aging
Caseworker/Supervisor Recertification
“Death Investigations in the Elderly”**

Presented By Dr. Gregory G. Davis

Available at:

<https://www.forensiced.org/training/courseapp.cfm?csection=Medicolegal%20death%20investigation>

Caseworker/Supervisor Name (print): _____

EAPA Name: _____ PSA: _____

**To receive recertification credit, form must be completed and signed by supervisor.
Signature at completion of webcast is required to confirm attendance.**

☐ **I attended the complete training** _____
Signature of participant

Supervisor's E-mail Address

X _____
Signature of Supervisor

Date

SUPERVISOR VALIDATION NEEDED FOR COMPLETION:

I validate with my signature that the above named caseworker/supervisor did complete the sessions above as needed for Recertification:

Supervisor's **Printed** Name: _____ & Date: _____

Dear Supervisor: Please **fax** a copy of the Recertification Form to: Claudia Kemple, (217)524-9644, no later than a week after viewing the webcast.

1.5 Hours of Elder Abuse Re-certification Credit