Gateways Credential

Professional Contributions

For each contribution, please list activity, location, date, contact person, and contact phone number. Please also include a brief summary of each contribution that outlines the participants/audience and outcome for those impacted by the activity. Please limit comment to 150 words. This form must be completed and documentation for each contribution attached. Use additional forms, if needed.

Participant Name:_____ Registry Number:_____

1. Program Improvement

_____

_____

_____

_____

Location: _____ Date: _____

Contact Person: _____

Contact phone number or email: _____

2. Service in a Professional Organization

_____

_____

_____

_____

Location: _____ Date: _____

Contact Person: _____

Contact phone number or email: _____

3. Presentations/Trainings

_____

_____

_____

_____

Location: _____ Date: _____

Contact Person: _____

Contact phone number or email: _____

Please send copies of this form and all other documentation. Please do not send original documentation, as it will not be returned.

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Professional Contributions

Participant Name:_____ Registry Number:_____

4. Advocacy

_____

_____

_____

_____

Location: _____ Date: _____

Contact Person: _____

Contact phone number or email: _____

5. Writing and Publications

_____

_____

_____

_____

Location: _____ Date: _____

Contact Person: _____

Contact phone number or email: _____

6. Research / Grants Writing

_____

_____

_____

_____

_____

Location: _____ Date: _____

Contact Person: _____

Contact phone number or email: _____

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