

# HM AHEC Attestation Form

## Early Identification of Alzheimer's Disease and Related Dementias

- To have your attendance at this course documented, you must fully complete this form and return it to the Hudson Mohawk Area Health Education Center with your completed evaluation form.

**PRINT**

**Name:** \_\_\_\_\_ **Degree** \_\_\_\_\_

**Address:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

I completed the following:

- Early Identification of Alzheimer's Disease & Related Dementias**

I have completed the above section.

**Signature** \_\_\_\_\_

Return this form along with your completed evaluation to:

**Hudson Mohawk Area Health Education Center  
Attn: Andrea Palmer  
9 Carey Road  
Queensbury, NY 12804**

To be eligible for credit all information must be received by **December 1, 2010**.