Schweizerische Gesellschaft für Alterspsychiatrie und -psychotherapie
Société Suisse de Psychiatrie et Psychothérapie de la Personne Agée
Società Svizzera di Psichiatria e Psicoterapia degli Anziani

Confirmation of Participation Applying for Credits for continued education

(Specialization in old age Psychiatry and Psychotherapy)

Please have this form signed by the speaker whose presentation you attended. You can then include it with your application for the specialization title.

Event details:

Event Title: .....

Number of credits: .....

Date: .....

Course Content:

Lecture Title: .....

Description: .....

.....

Speaker Information:

Speaker's Name: .....

Date/
Speaker's Signature: .....

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