



# Verification of Attendance

Thank you for your participation in the CCAP Academy for Excellence in County Government and for your interest in pursuing elective course credit for viewing recordings of the Virtual Conference Education Series. To receive elective course credit (one credit per hour presentation), you must view the recorded session in its entirety. Complete the form below indicating each session you completed and your credit(s) will be documented in your program transcript.

For program information, contact Mandi Glantz at (717) 736-4739 or [mglantz@pacounties.org](mailto:mglantz@pacounties.org).



The Academy for Excellence in County Government Committee applauds your commitment to the program, its policies and your colleagues. To promote maximum learning amongst attendees, full attendance at each workshop or breakout session is expected and required. Please note the Academy is a learning community in which being on time, not leaving prematurely and participating fully are crucial to the dynamics of the learning process. Commitment to the process of creating a community for inquiry, receptivity and discussion should be respected. Thank you for your cooperation and understanding of this attendance policy.

## CCAP Virtual Conference Education Series Webinar Recordings

### August 19, 2020

- When Cyber Attacks Focus on Your County, What's Next? How Does Insurance Respond?*
- Lessons Learned and What to Expect for the November Election*

### August 20, 2020

- Human Resources and Fundamentals (and Essentials)*
- Complex Cases: Coordinating Resources for Children and Challenging Needs*

### August 24, 2020

- 2020 CCAP County Mental Health Funding Priority Panel Discussion*
- How Counties Can Leverage Funding Sources to Provide Human Services' Programming*

### August 25, 2020

- Planning 101*
- Budget Round 2: Preparing for the Second Half of FY 2020-2021*

### August 27, 2020

- Pros and Cons of Having a County Health Department*
- Providing County-Based Human Services in a COVID-19 World*

Participant's Name: \_\_\_\_\_

County: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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|--|---|--|
| <input type="checkbox"/> Commissioner/Council Member | <input type="checkbox"/> Chief Clerk/County Administrator | <input type="checkbox"/> Asst. Chief Clerk/Co. Administrator |
| <input type="checkbox"/> County Executive            | <input type="checkbox"/> Solicitor                        | <input type="checkbox"/> Asst. Solicitor                     |