ARE YOU AN EFFECTIVE MANDATORY REPORTER?
You Must Report Elder Abuse...It’s the law.

For Those New to Reporting or Wanting A Refresher?

On July 1, 2014 Colorado law mandated elder abuse reporting of those 70 and over. On July 1, 2016 and 17, Colorado expanded the law to include mandatory reporting of any “at-risk” adult 18 and over and expanded the scope of individuals required to report. ARE YOU A REPORTER? Mandatory reporters include medical professionals, counselors, spiritual leaders, financial organizations, social workers, law enforcement agencies and many more. Learn about the law and how it impacts you and your organization. Get your “Roadmap to Reporting”. tool kit.

Roadmap to Reporting
• Types of Elder Abuse
• Responsibility as a Mandatory Reporter
• Who to contact and how to report suspected Elder Abuse
• What to report to Law Enforcement
• When to call Adult Protective Services
• What happens after reporting?
• Receive a tool kit for future use

For More Information
Call: 303-333-3482
Register at www.senioranswers.org

LOCATION
1330 Leyden St #109
Denver CO 80220

TRAINING DATE
Nov 13, 2017 - 9 am to 11 am
Jan 15, 2018 - 9 am to 11 am
Mar 12, 2018 - 9 am to 11 am
June 11, 2018 - 9 am to 11 am
Aug 13, 2018 - 9 am to 11 am
Nov 12, 2018 - 9 am to 11 am

COST
$25 for the first registration (includes training materials)
$20 for each additional registration from the same agency.

REGISTRATION
Organization______________________________________ Phone__________________________
Address________________________________________ City____________________ State____ Zip_________


Attendee Name(s)
1. ____________________________  E-mail ____________________________   Phone _____________ Date Attending _________
2. ____________________________  E-mail ____________________________   Phone _____________ Date Attending _________
3. ____________________________  E-mail ____________________________   Phone _____________ Date Attending _________

Number Attending ____  X  $25/Person + _____ x $20/person  =  Total Cost:________

□ Check Enclosed                   Please charge:       □ VISA        □ MasterCard      □ American Express
Card Number __________________________________ Exp. Date _________________
Name on Card ________________________________
Signature ____________________________________

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