

Jackson Heart Study
Graduate Training and Education Center
Daniel Hale Williams Scholars Program
Presentation Form



A copy of the abstract, manuscript, and/or presentation must be provided to the program director.

Date: OT

Name: OT

Name of Mentor: OT

Has Mentor Approved Abstract? Yes No

Has Mentor Approved Manuscript? Yes No

Has Mentor Approved Presentation? Yes No

Date of Presentation: OT

Presentation Location: _____
City State

Title of Conference/Meeting: OT

Title of Presentation: OT

Presentation Type: _____
(Oral, Poster, PowerPoint, or etc.....)