

2016 Rehabilitation Update
Individual participation verification form

Name of individual (print)

___QRC, ___QRC intern (or) ___Vendor Registration number: _____

Address

City

State

ZIP code

Rehabilitation provider's signature

Title of session: 2016 rehabilitation update conference:
Sharing Solutions -- simulcast

Sponsoring organization: Minnesota Department of Labor and Industry
Workers' Compensation Division

Program dates: Sept. 20, 2016, (or) simulcast that day and
from Sept. 22 through Oct. 14, 2016

Continuing education 6.00 CEUs
units: Pre-approved for CRC/CDMS certification maintenance

CEU exception: Participation verification form must be received by the
Department of Labor and Industry **on or before 4:30
p.m. on Oct. 17, 2016.**

After Oct. 17, 2016, CEUs will not be issued.

Verification signature: _____
Darci Wing, rehabilitation registration specialist

Questions only: 1-800-342-5354, ext. 5164; (651) 284-5373; or
darci.wing@state.mn.us