


## Rehabilitation provider orientation: Attendance verification

Please type in or print your answers below.

Session attended:		In-person	Virtually	
Participant name				
Participant email address				
Company name				
Mailing address			State	ZIP code
QRC number	QRC intern number	List QRC firm number for job search or other staff		
Placement vendor firm number	Other (insurer, attorney)			
Participant's signature				Date participated
Sponsoring organization	Minnesota Department of Labor and Industry Workers' Compensation Division			
Program date verification	Must attend in-person or via virtual session, plus turn in attendance form on the same date to meet the mandatory attendance requirement.			
Continuing education units (CEUs)	7.00 CEUs have been pre-approved for CRC/CDMS maintenance			
Verification signature	JoAnn Jacobson, rehabilitation registration specialist 			
Questions	Contact JoAnn Jacobson at 651-284-5459 or <a href="mailto:joann.early@state.mn.us">joann.early@state.mn.us</a> , the Workers' Compensation Division Help Desk at <a href="mailto:helpdesk.dli@state.mn.us">helpdesk.dli@state.mn.us</a> , call 651-284-5005 (press 3) or 800-342-5354 (press 3).			