

## Rehabilitation provider orientation attendance verification

Participant name (please print)			
QRC number	QRC intern number	QRC staff or firm number	
Vendor firm number	Other		
Firm name			
Email address			
Mailing address	State	ZIP code	
Participant's signature	Date participated		
Sponsoring organization	Minnesota Department of Labor and Industry Workers' Compensation Division		
Program dates	Participant must attend in person or via simulcast, plus turn in attendance verification form on this same date to meet mandatory attendance requirement.		
Continuing education units (CEUs)	7.00 CEUs pre-approved for CRC/CDMS maintenance *CEU certificates will be issued upon receipt of attendance form.		
Verification signature	<i>Tracey Haskin</i> Tracey Haskin, rehabilitation registration specialist		
Questions	Contact us at 800-342-5354, ext. 5370, or 651-284-5370 or <a href="mailto:tracey.haskin@state.mn.us">tracey.haskin@state.mn.us</a>		