2018 Rehabilitation Update video group participation sign-in

Participant (type or print name)	Signature of participant	QRC/vendor nunber

Group coordinator's name:

_____ _____ _____

(type or print name) **Signature** **Date**

Business name:_____ **Address**: _____

Email: _____ **Phone**: _____

As the designated group coordinator, I verify, with my signature, all the participants listed above watched the videostreamed training at this location.

Attention group coordinator: Email the signed verification form to the Department of Labor and Industry at rehabregistrationspecialist.dli@state.mn.us. **Questions**: Call JoAnn Jacobson at 651-284-5083.