



Vocational Rehabilitation Association of Canada
Attendance Verification Form

Name of Participant

CCRC/CVE/RRP Number

Address

City

Province

Postal Code

Telephone (B)

Telephone (H)

Title of Session: 10th Annual Health Care Professional Conference

Sponsoring Organization: WorkSafeBC

Program Date: Sept. 12, 2014

No. of Hours of Session: 5:00

No. of Hours Attended: _____

Session Contact: Christine Lynn

RRP Approval: #10664

Signature of Person Verifying Attendance: _____
