



Vocational Rehabilitation Association of Canada

Attendance Verification Form

Name of Participant _____

CCRC/CVE Number _____

Address _____

City _____

Province _____

Postal Code _____

Telephone (B) _____

Telephone (H) _____

Title of Session: _____

Sponsoring Organization: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Contact Person: _____

Telephone: _____

Program Date(s): _____

No. of Hours of Session: _____

Number of Hours Person Was In Attendance: _____

Signature of Person Verifying Attendance: _____

APPROVAL NUMBER (To be inserted by VRA Canada Office ONLY)

RRP Focus/Content Areas: _____

Ethics: _____

Skill Enhancement: _____