443 Lafayette Road N.
St. Paul, MN 55155
www.dli.mn.gov

MINNESOTA DEPARTMENT OF LABOR & INDUSTRY

(651) 284-5005
1-800-342-5354

2016 Rehabilitation Update
Group participation verification form

_____ _____
Name of individual (print) Group leader's name

___QRC, ___QRC intern (or) ___Vendor Registration number: _____

_____
Address

_____
City State ZIP code

_____
Rehabilitation provider's signature

Title of session:	2016 Rehabilitation update conference: Sharing Solutions -- simulcast
Sponsoring organization:	Minnesota Department of Labor and Industry Workers' Compensation Division
Program dates:	Sept. 20, 2016, (or) simulcast that day and from Sept. 22 through Oct. 14, 2016
Continuing education units:	6.00 CEUs Pre-approved for CRC/CDMS certification maintenance
CEU exception:	Participation verification form must be received by the Department of Labor and Industry **on or before 4:30 p.m. on Oct. 17, 2016.** **After Oct. 17, 2016, CEUs will not be issued.**
Verification signature:	_____ Darci Wing, rehabilitation registration specialist
Questions only:	1-800-342-5354, ext. 5164; (651) 284-5373; or darci.wing@state.mn.us

This information can be provided to you in alternative formats (Braille, large print or audio). An

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