

Complete the Sponsor Information section of this form, detach this top section and reproduce on your organization letterhead.

This Verification form must be given to all participants at the close/completion of the program/activity. The number of clock hours should be entered on the form at that time and should reflect actual hours attended/completed by the individual. The representative from your organization who verifies attendance/completion must also sign and date the form in the place provided.

**CRC/CCRC**

**VERIFICATION OF COMPLETION**

*(Please Print or Type All Information)*

**CRCC Pre-Approval Number: 60007911205**

**PROGRAM/ACTIVITY INFORMATION (To be completed by program/activity sponsor.)**

Concussion: Presentation, Pathophysiology, Evaluation, and Clinical Implications

Program/Activity Title

8/21/2019 - 8/20/2020

Program/Activity Valid Through Date

Clock Hours Attended/Completed

Signature of Individual in Charge of Verifying Completion

Date of Signature

**SPONSOR INFORMATION (To be completed by program/activity sponsor)**

Bancroft NeuroRehab

59769

Sponsoring Organization

Sponsor Code

1255 Caldwell Rd

Street address,

Contact Person

Cherry Hill NJ, 08034-3220

City/State/Zip Code

Phone Number for Contact Person

**PARTICIPANT INFORMATION (To be completed by participant prior to submission)**

Name

Certificate Number

Street Address

Email Address

City/State/Zip Code

To have these clock hours added to your certification file, log on to your profile on the CRCC website. Under **Certificants** click on the link to 'add pre-approved continuing education program' then click 'Add CE Pre-Approved.' It is best to submit this documentation as activities are completed or at least on an annual basis. This form is for pre-approval by CRCC only and will only be added to your certification file with them. If you hold certification from other organizations, you will need to submit verification of attendance/completion according to their requirements.