

VERIFICATION OF COMPLETION

(Please Print or Type All Information)

CRCC Pre-Approval Number :60007967384

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

Post-COVID : Long Hauler Symptoms & Rehabilitation

Program/Activity Title	
2/23/2023 - 2/22/2024	1.0
Program/Activity Valid Through Date	Clock Hours Attended/Completed
	February 28, 2023
Signature of Individual in Charge of Verifying Completion	Date of Signature

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

Bancroft NeuroRehab	00059769
Sponsoring Organization	Sponsor Code
1255 Caldwell Rd	Jana Lemenu
Street address	Contact Person
Cherry Hill, NJ 08034-3220	(856) 348-1163
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.