



**Vocational Rehabilitation Association of Canada**  
**Attendance Verification Form**

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Name of Participant

RRP/RVP/RCSS Number

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Address

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City

Province

Postal Code

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Telephone (B)

Telephone (H)

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Title of Session: **Summer Skills Academy**

Contact Person: **Jaz Bruhn**

Sponsoring Organization: **CERIC**

Program Date(s): **August 20 – 21, 2013**

No Hours of Session: **11.0**

No. of Hours Attended: \_\_\_\_\_

VRA Approval # **9640**

Signature of Person Verifying Attendance: \_\_\_\_\_

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