



OED VR4 HearingLoss CRC/CCRC Certification 4301 West Markham; Slot 595 Little Rock, AR 72205-7199 501-686-5720 (phone) / 501-686-7053 (fax)

VR4HearingLoss@uams.edu http://VR4HearingLoss.net

CRC/CCRC

VERIFICATION OF COMPLETION

(Please Print or Type All Information)

SPONSOR INFORMATION (To be completed by program/activity sponsor)	
University of Arkansas for Medical Sciences – Educational Development	00118326
Sponsoring Organization	Sponsor Code
4301 W. Markham Street; #595	Steve Boone, PhD
Street address,	Contact Person
Little Rock, AR, 72205-7101	501.686.5720
City/State/Zip Code	Phone Number for Contact Person
PROGRAM/ACTIVITY INFORMATION (To be complete	d by program/activity sponsor.)
VR4HearingLoss.net - A Web-based Training Resource for VR Professional	ls
Program/Activity Title	
2015-05-15 - 2016-05-14	
Program/Activity Valid Through Date	_
11832688267	
Approval Number	Clock Hours Attended/Completed
Signature of Individual in Charge of Verifying Completion	Date of Signature
PARTICIPANT INFORMATION (To be completed by pa	articipant prior to submission)
Name	Certificate Number
Street Address	Email Address
City/State/Zip Code	<u> </u>

To have these clock hours added to your certification file, log on to your profile on the CRCC website. Under the certificant title click add pre-approved continuing education program.' Please scan and upload the document at this time or send a copy of this form to CRCC, 1699 E. Woodfield Road, Suite 300, Schaumburg, IL 60173. 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.