

OED VR4Hearing Loss CRC/CCRC Certification 4301 West Markham – 595 Little Rock, AR 72205-7199 501-686-5720 phone 501-686-7053 fax



<u>VR4HearingLoss@uams.edu</u> http://VR4HearingLoss.net

CRC/CCRC

## **VERIFICATION OF COMPLETION**

(Please Print or Type All Information)

SPONSOR INFORMATION (To be comp	leted by program/activity sponsor)
University of Arkansas for Medical Sciences	00118326
Sponsoring Organization	Sponsor Code
4301 W Markham St – Slot 595	Steve Boone, PhD
Street address,	Contact Person
Little Rock, AR, 72205-7199	501-686-5720
City/State/Zip Code	Phone Number for Contact Person
PROGRAM/ACTIVITY INFORMATION (To be	
VR4HearingLoss.net - A Web-based Training Resource for VR P	rofessionals
Program/Activity Title	
2018-05-19 - 2019-05-20	
Program/Activity Valid Through Date	
11832688267	12.00 hours
Approval Number	Clock Hours Attended/Completed
Signature of Individual in Charge of Verifying Completion	Date of Signature
PARTICIPANT INFORMATION (To be compl	eted by participant prior to submission)
Name	Certificate Number
Street Address	Email Address
City/State/Zip Code	



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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.' 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.