COMMISSION ON REHABILITATION COUNSELOR CERTIFICATION
VERIFICATION OF ATTENDANCE

Sponsor Information

Sponsoring Organization

Program Title

Address

Program Date

City, State, ZIP code

Contact Hours Attended

Contact Person

CRC Approval Number

Participant Information

Name

CRC Certificate Number

Address For Your Certification File

( )
Daytime Telephone Number

City, State, ZIP code

Signature - Person in charge of verifying attendance and issuing approval number

Date

NOTE TO PARTICIPANTS: Please submit this to the CRCC, 1156 Shure Drive, #350, Arlington Heights, IL 60004. You are encouraged to submit this documentation on an annual basis or more frequently.

State Form 26460 (R3 / 7-95)
VRS 2064