



College of Vocational Rehabilitation Professionals & Vocational Services Continuing Education Completion Verification Form

Name: _____ CVRP Certificate Number: _____

Employer: _____

Address: _____

Tel: (H): _____ Tel: (W): _____

Fax: _____ E-mail: _____

Information Related to Education Session:

Title of Education Session: **CVRP AGM 2016**

Sponsor for Education Session: **College of Vocational Rehabilitation Professionals**

Sponsor Mailing Address: **P.O. Box 7034, 6579 Highway 7, Markham ON L3P 3X4**

Contact Person: **Janice Ray** Telephone: **647-962-7708**

Date(s) of Education Session: **September 21, 2016**

CVRP Approval Number: CVRP-AGM-21Sept16-1.0

Number of Hours of Session: **1.0 hours** Number of Hours Attended: _____

Domain /Ethics *Focus Area: **1.0 hrs. Domain**

Education Category: (1 CEU per Hour of Study/Service, unless otherwise stated)

- | | |
|---|---|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Education Presentation at Workplace |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Distance Learning |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Home Study / Internet Course |
| <input type="checkbox"/> Symposium | <input type="checkbox"/> College Course |
| <input type="checkbox"/> On-line / Correspondence | <input type="checkbox"/> University Course |
| <input type="checkbox"/> Develop a Professional Presentation
(2 CEU's per hour presentation) | <input type="checkbox"/> Develop In-Service Training
(2 CEU's per hour training) |
| <input type="checkbox"/> Service as Board or Committee Member | <input type="checkbox"/> Author or Co-Author ¹ |

X AGM - Webinar

- Curriculum Development for Vocational Rehabilitation Course²
- Supervise Fieldwork of Vocational Rehabilitation/Career Counselling Student³
- Technology/VR Computer Application Training (Microsoft or similar products not included)
- Editorial Review of a Recognized Vocational or Rehabilitation Counselling Publication⁴
- Research – Vocational Rehabilitation and/or Career Counselling/Placement⁵
- Development of Canadian/Provincial Legislation or Regulation

Signature of Person Verifying Attendance _____
(Verified by CVRP through Attendance Poll of Web Platform)

Group attendance must be declared and confirmed by email prior to the start of the AGM