



Vocational Rehabilitation  
Association of Canada

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www.vracanada.com

professionalism - expertise - excellence

**Continuing Education Attendance Sheet for a *Group* of  
VRA Canada Members. Please ensure that these  
courses have already been approved by the VRA.**

Title of Educational Session: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Number of Hours of Session: \_\_\_\_\_ Date(s): \_\_\_\_\_

Approval Number (If Applicable): \_\_\_\_\_ RRP Focus/Content Area \_\_\_\_\_

Ethics \_\_\_\_\_

Participant's Name (Please Print)	Signature of Person Verifying Attendance
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
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10.	
11.	
12.	