

PHYSICAL THERAPY

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CCMC

ACTIVITY/COURSE VERIFICATION OF COMPLETION

PROVIDER INFORMATION:	
Athletico Physical Therapy Provider Organization	625 Enterprise Dr. Oakbrook IL 60523 Provider Street Address/City/Zip code
Chris Avitia/Event Coordinator Contact Person/Title	630-575-1903 Phone Number for Contact Person
To claim these CEs, log into your CCMC Dashboard at www.	ccmcertification.org.
ACTIVITY/COURSE INFORMATION: Commission's Approval Statement: This program for Case Manager Certification to provide continuates managers. The course is approved for: Activity/Course Name: Surgical and Non-Surgical Activity Code: 100041925 Approval Number: 200136837 CE Contact Hour(s) Credit Hours Awarded: 1.0 Activity Location: via webinar Activity/Course Date: 06/24/2020 Date of Signature: 06/24/2020 Signature Individual Verifying Attendance/Completion	uing education credit to CCM® board certified al Options for the Hip: Weighing the Options
PARTICIPANT/ATTENDEE INFORMATION:	
Participant/Attendee Name	Certificate/License Number
Street Address	Phone Number

City/State/Zip Code