

IL NURSE/RN

Advanced Practice Nurse, Registered Nurse, Licensed Practical Nurse

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
PROGRAM/ACTIVITY INFORMATION:	
Program/Activity Title: Surgical and Non-Surgical Clock Hours Attended/Completed: 1.0 Location of the Program: via webinar Program/Activity Date: 06/24/2020 Date of Signature: 06/24/2020 Chick Outlier Signature Individual Verifying Attendance/Completion	cal Options of the Hip: Weighing the Options
employee by the medical professional. In addition, attendimpingement, hip labral tears and what the causes of each	uation, diagnosis, and medical treatment provided to the injured dees will understand arthritis and joint pain, femoroacetabular h. They will understand greater trochanteric pain syndrome and the recovery and return to work protocols for each of these
PARTICIPANT/ATTENDEE INFORMATION]:
Participant/Attendee Name	Certificate/License Number
Street Address	Phone Number
City/State/Zip Code	

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