




COMMISSION ON REHABILITATION
COUNSELOR CERTIFICATION


Renewing Your CVE, CWA, or CCAA

Click the credential in the My Certifications and Renewals section of the screen.



Welcome you are signed in (Sign Out

Your certification valid thru date is approaching for your application located [here](#)


 My Contact Details


Edit Primary Info

Name: Dr. Susan Zahn **CVE**


Customer ID: 200241

1699 E Woodfield RD, Suite 300
Schaumburg, IL 60173


 847-944 1325

 info@crccertification.com

Edit Demographics

 My Certifications and Renewals

Credential	Status	Valid Through
CVE	Certified	10/31/2019

 My CRCC Links

[Apply for CRC Certification Exam](#)
[My CE Report](#)
[CRCC eUNIVERSITY Catalog](#)
[CRCC eUNIVERSITY Annual Savings Plan](#)
[My CRCC eUNIVERSITY Courses](#)
[My Invoices](#)
[My Contact Info](#)
[My Expertise & Languages](#)
[Buy Replacement Certificate](#)
[Confirm Certification Status](#)
[Locate a Certified Professional](#)
[CE Providers](#)
[Change My Password](#)

Locate a Certified Professional Preview

Below is what will display when your record is returned on the search results page.

Name	Certifications	Languages	Specialties	Address	Phone	E-mail
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Click the General CE tab.

Customer:	, CVE		Customer ID:
Current Renewal Application:	CVE Renewal		
Current Renewal Cycle Start Date:	10/01/2014		
Current Renewal Cycle Due Date:	10/31/2019		
Renewal Application Submission Date:			

Your requirements can be accessed from this page. Click the tabs to see the requirements. Notice the icons associated with the statuses.

Dashboard

General CE

Locked Unlocked Completed Under Review Further Action Met

Requirement		Status
	General CE	Pending CE

You can see the number of CE credits you have for the current renewal cycle.

Customer:

Current Renewal Application:

Current Renewal Cycle Start Date:

Current Renewal Cycle Due Date:

Renewal Application Submission Date:

CVE

CVE Renewal

10/01/2014

10/31/2019

Customer ID:

Dashboard

General CE

Locked

Unlocked

Completed

Under Review

Further Action

Met

General CE

Status: Pending CE

CE Period

StartDate	EndDate	Required	Reported	Accepted	Balance	Percentage
10/01/2014	10/31/2019	80.00	36.00	36.00	44.00	<div><div>45%</div></div>

CE Credit

Report CE

ActivityDate	Activity	ActivityType	Credit	CreditType	Status	ReportedDate
05/14/2019	NA1743: Clinical Practice Guidelines for the Management of Concussion - Mild Traumatic Brain Injury v. 2.0	Course	12.00	Implications of Disability	Recorded	08/23/2019

If you need to add CE credit to your CE transcript, click the Report CE button.

Customer:	, CVE	Customer ID:
Current Renewal Application:	CVE Renewal	
Current Renewal Cycle Start Date:	10/01/2014	
Current Renewal Cycle Due Date:	10/31/2019	
Renewal Application Submission Date:		

Dashboard  General CE 

 Locked  Unlocked  Completed  Under Review  Further Action  Met

General CE

Status: Pending CE

CE Period

StartDate	EndDate	Required	Reported	Accepted	Balance	Percentage
10/01/2014	10/31/2019	80.00	36.00	36.00	44.00	45%

CE Credit

ActivityDate	Activity	ActivityType	Credit	CreditType	Status	ReportedDate
05/14/2019	NA1743: Clinical Practice Guidelines for the Management of Concussion - Mild Traumatic Brain Injury v. 2.0	Course	12.00	Implications of Disability	Recorded	08/23/2019

Report CE

Claiming Pre-Approved
Continuing Education Credit

Click the Pre-Approved CE button.

Customer:

Ms. Sharon M. Griffin, CRC, CVE

Current Renewal Application:

CVE Renewal

Current Renewal Cycle Start Date:

10/01/2014

Current Renewal Cycle Due Date:

10/31/2019

Renewal Application Submission Date:

08/23/2019

Customer ID: 3576

Dashboard

General CE

Locked

Unlocked

Completed

Under Review

Further Action

General CE

Status: Pending CE

CE Period

StartDate	EndDate	Required
10/01/2014	10/31/2019	80.00

CE Credit

ActivityDate	Activity
05/14/2019	NA1743: Clinical Practice Guidelines for the Management of C

Please select the type of Credits that you would like to report

Pre-Approved CE

Or

Post Approved CE

Balance	Percentage
44.00	45%

Report CE

Type	Credit	CreditType	Status	ReportedDate
	12.00	Implications of Disability	Recorded	08/23/2019

Type the CRCC pre-approval number located on your certificate in the text box. If you receive an error message, please re-enter the number. If you receive another error message, please contact CRCC.

Customer:

Ms. Sharon M. Griffin, CRC, CVE

Current Renewal Application:

CVE Renewal

Current Renewal Cycle Start Date:

10/01/2014

Current Renewal Cycle Due Date:

10/31/2019

Renewal Application Submission Date:

08/23/2019

Customer ID: 3576

Dashboard

General CE

Locked

Unlocked

Completed

Under Review

Further Action

General CE

Status: Pending CE

CE Period

StartDate	EndDate	Required
10/01/2014	10/31/2019	80.00

CE Credit

Report CE

ActivityDate	Activity	ActivityType	Credit	CreditType	Status	ReportedDate
05/14/2019	NA1743: Clinical Practice Guidelines for the Management of Concussion - Mild Traumatic Brain Injury v. 2.0	Course	12.00	Implications of Disability	Recorded	08/23/2019

back

Add CE (Pre-Approved)

Enter the number that appears on your certificate of completion or participation to search and add CE for a CRCC pre-approved activity.

If you do not find a match to the number you've entered, please contact CRCC by e-mailing info@crccertification.com

60007911232

Next

Balance

Percentage

44.00

45%

Type the date you completed the activity in the text box. OR click the calendar icon to select the date.

Customer:

Ms. Sharon M. Griffin, CRC, CVE

Current Renewal Application:

CVE Renewal

Current Renewal Cycle Start Date:

10/01/2014

Current Renewal Cycle Due Date:

10/31/2019

Renewal Application Submission Date:

08/23/2019

Customer ID: 3576

Dashboard

General CE

Locked

Unlocked

Completed

Under Review

General CE

Status: Pending CE

CE Period

StartDate

10/01/2014

EndDate

10/31/2019

CE Credit

ActivityDate

Activity

ActivityType

Credit

CreditType

Status

ReportedDate

05/14/2019

NA1743: Clinical Practice Guidelines for the Management of Concussion - Mild Traumatic Brain Injury v. 2.0

Course

12.00

Implications of Disability

Recorded

08/23/2019

Report CE

back

Add CE (Pre-Approved)

General Assessment

Activity Date:

mm/dd/yyyy

Type: VAP

Credit Type

Requested

Course Max

Standardized Assessment

40.00

40.00

Total

40.00

Save & add more

Save

Balance

Percentage

44.00

45%

Type the number of CE credits you wish to claim. If you are adding another activity, click the Save & add more button. If you are finished, click the Save button.

Customer:

Ms. Sharon M. Griffin, CRC, CVE

Current Renewal Application:

CVE Renewal

Current Renewal Cycle Start Date:

10/01/2014

Current Renewal Cycle Due Date:

10/31/2019

Renewal Application Submission Date:

08/23/2019

Customer ID: 3576

Dashboard

General CE

Locked

Unlocked

Completed

Under Review

General CE

Status: Pending CE

CE Period

StartDate

10/01/2014

EndDate

10/31/2019

CE Credit

ActivityDate

Activity

ActivityType

Credit

CreditType

Status

ReportedDate

05/14/2019

NA1743: Clinical Practice Guidelines for the Management of Concussion - Mild Traumatic Brain Injury v. 2.0

Course

12.00

Implications of Disability

Recorded

08/23/2019

back

Add CE (Pre-Approved)

General Assessment

Activity Date:

mm/dd/yyyy

Type: VAP

Credit Type	Requested	Course Max
Standardized Assessment	<div>40.00</div>	40.00
Total		40.00

Save & add more

Save

Balance

44.00

Percentage

45%

Report CE

Claiming Post-Approved Continuing Education Credit

If you are submitted post-approved activities, you must pay a review fee for each activity. Activities submitted without a review fee will be deleted after two weeks.

If you are claiming post-approved continuing education credit, click the Post-Approved CE button.

Customer:

Ms. Sharon M. Griffin, CRC, CVE

Current Renewal Application:

CVE Renewal

Current Renewal Cycle Start Date:

10/01/2014

Current Renewal Cycle Due Date:

10/31/2019

Renewal Application Submission Date:

08/23/2019

Customer ID: 3576

Dashboard

General CE

Locked

Unlocked

Completed

Under Review

Further Action

General CE

Status: Pending CE

CE Period

StartDate	EndDate	Required
10/01/2014	10/31/2019	80.00

CE Credit

ActivityDate	Activity
05/14/2019	NA1743: Clinical Practice Guidelines for the Management of C

Please select the type of Credits that you would like to report

Pre-Approved CE

Or

Post Approved CE


Balance	Percentage
44.00	45%

Report CE

Type	Credit	CreditType	Status	ReportedDate
	12.00	Implications of Disability	Recorded	08/23/2019

The documentation you upload for a post-approved continuing education activity must be saved on your computer as a single document. You will need a separate document for each post-approved activity.

Type a program name or activity title in the text box. Type the date you completed the activity in the text box. The date needs to fall within the dates of your current renewal cycle.



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Add CE (Post-Approved)

Fill in all fields below and select the method of instruction to submit your self-reported continuing education credit.

NOTE: If your certificate of completion has a **Pre-approval number from CRCC** (e.g., TRN1234567), DO NOT ENTER the activity here.
The clock hours for a post-approved continuing education must be a **minimum of 1 hour**.


Upload a copy of your certificate of completion or participation.

If you wish to add more than one activity, click Save and Add Another.

After adding your continuing education credit, click Save and Checkout to pay the review fee(s).

Program Name:

Activity Date:

mm/dd/yyyy

Brief Description: (500 characters or less)

Credential Type	Method of Instruction (choose one)
<input type="radio"/> CRC	<input type="radio"/> SeminarWorkshop
<input type="radio"/> CVE	<input type="radio"/> Self-Study
	<input type="radio"/> Conference
	<input type="radio"/> Web
	<input type="radio"/> Other

Evidence

Browse...

Save & Add another

Save & checkout

Select the credential type.

✕

[back](#)

Add CE (Post-Approved)

Fill in all fields below and select the method of instruction to submit your self-reported continuing education credit.

NOTE: If your certificate of completion has a **Pre-approval number from CRCC** (e.g., TRN1234567), DO NOT ENTER the activity here.
The clock hours for a post-approved continuing education must be a **minimum of 1 hour**.


Upload a copy of your certificate of completion or participation.

If you wish to add more than one activity, click Save and Add Another.

After adding your continuing education credit, click Save and Checkout to pay the review fee(s).

Program Name:

Activity Date:



Brief Description: (500 characters or less)

Credential Type	Method of Instruction (choose one)
<input type="radio"/> CVE	<input type="radio"/> SeminarWorkshop
	<input type="radio"/> Self-Study
	<input type="radio"/> Conference
	<input type="radio"/> Web
	<input type="radio"/> Other

Evidence

Select the method of instruction for the activity or Other.

✕

back

Add CE (Post-Approved)

Fill in all fields below and select the method of instruction to submit your self-reported continuing education credit.

NOTE: If your certificate of completion has a **Pre-approval number from CRCC** (e.g., TRN1234567), DO NOT ENTER the activity here.

The clock hours for a post-approved continuing education must be a **minimum of 1 hour**.

Upload a copy of your certificate of completion or participation.

If you wish to add more than one activity, click Save and Add Another.

After adding your continuing education credit, click Save and Checkout to pay the review fee(s).

Program Name:

Activity Date:

mm/dd/yyyy

Brief Description: (500 characters or less)

Credential Type

CVE

Method of Instruction (choose one)

SeminarWorkshop

Self-Study

Conference

Web

Other

Evidence

Browse...

Save & Add another

Save & checkout

Type the amount of credit you wish to claim in the corresponding credit type text box.

Activity Date:

09/01/2019

6

Brief Description: (500 characters or less)

A review of my vocational evaluation reports

Credential Type

Method of Instruction (choose one)

☒ CVE

☐ SeminarWorkshop

☐ Self-Study

☐ Conference

☐ Web

☐ Other

Credit Type	Clock Hours
Principles of Vocational Evaluation	<div>0</div>
Standardized Assessment	<div>0</div>
Occupational Information	<div>0</div>
Implications of Disability	<div>0</div>
Professional Communication	<div>0</div>
Professional Development	<div>0</div>

Evidence

Browse...

Save & Add another

Save & checkout

Upload the documentation for the activity you are submitted for post-approval review.

×

[back](#)

Add CE (Post-Approved)

Fill in all fields below and select the method of instruction to submit your self-reported continuing education credit.

NOTE: If your certificate of completion has a **Pre-approval number from CRCC** (e.g., TRN1234567), DO NOT ENTER the activity here.
The clock hours for a post-approved continuing education must be a **minimum of 1 hour**.


Upload a copy of your certificate of completion or participation.

If you wish to add more than one activity, click Save and Add Another.

After adding your continuing education credit, click Save and Checkout to pay the review fee(s).

Program Name:


Activity Date:



Brief Description: (500 characters or less)

Credential Type	Method of Instruction (choose one)
<input type="radio"/> CRC	<input type="radio"/> SeminarWorkshop
<input type="radio"/> CVE	<input type="radio"/> Self-Study
	<input type="radio"/> Conference
	<input type="radio"/> Web
	<input type="radio"/> Other

Evidence



If you need to add another activity for post-approval review, click the Save & Add another button. If you are finished, click the Save & checkout button.

✕

back

Add CE (Post-Approved)

Fill in all fields below and select the method of instruction to submit your self-reported continuing education credit.

NOTE: If your certificate of completion has a **Pre-approval number from CRCC** (e.g., TRN1234567), DO NOT ENTER the activity here.

The clock hours for a post-approved continuing education must be a **minimum of 1 hour**.

Upload a copy of your certificate of completion or participation.

If you wish to add more than one activity, click Save and Add Another.

After adding your continuing education credit, click Save and Checkout to pay the review fee(s).

Program Name:

Activity Date:

mm/dd/yyyy

Brief Description: (500 characters or less)

Credential Type

☐ CVE

Method of Instruction (choose one)

☐ SeminarWorkshop

☐ Self-Study

☐ Conference

☐ Web

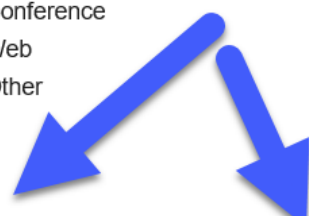
☐ Other

Evidence

Browse...

Save & Add another

Save & checkout



Follow the prompts to checkout
and pay the review fee for your
post-approved CE.

You should see the activity in your shopping cart. Click the Check Out button to continue.

Shopping Cart

CRCC Shopping Cart ✕					
Item	Price	Discount	Net total	Paid Amount	Balance Due
Post Approval Fee	18.00 Required	0.00	18.00	0.00	18.00

Cart Total

Subtotal: 18.00

Total discount: 0.00

Net Total: 18.00

Total Paid: 0.00

Balance Due: 18.00

Discounts: Enter Discount Code (if applicable)

Discount:

apply

Check-Out



Confirm your name and billing information. Select your method of payment. Click the Continue button.

Shopping Cart

Customer Information

Customer:

Use this phone:

Use this email:

Billing Information

Bill to:

Billing contact:

Pick your billing address:

Required

Bill to: 

Payment Information

Payment amount: 18.00

Payment method:

Invoice total: 18.00

Confirm customer and
billing information.
Select your payment
method.

Continue

Confirm your order and click the **Submit Order** button to complete your payment.

You should receive an e-mail confirmation of your payment.