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**COMMISSION ON REHABILITATION  
COUNSELOR CERTIFICATION**

# Submitting Your Renewal Application

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



Welcome, you are signed in (◀ Sign Out) 🛒 Cart ☰ My Account

You have an application that is submitted but pending a transcript. Please send your transcript to [transcripts@crccertification.com](mailto:transcripts@crccertification.com).

### My Contact Details Edit Primary Info

**Name:** Dr. Susan Zahn  
**Customer ID:** 200241

1699 E Woodfield Rd Ste 300  
Schaumburg, IL, 60173-4957  
UNITED STATES  
✉ [szahn@crccertification.com](mailto:szahn@crccertification.com)

Edit Demographics

### My Certifications and Renewals

Credential	Status	Valid Through
CRC	Certified	9/30/2019

### My CRCC Links

- CRCC eUNIVERSITY Catalog
- CRCC eUNIVERSITY Annual Savings Plan
- My CRCC eUNIVERSITY Courses
- My Invoices
- My Contact Info
- My Expertise & Languages
- Confirm Certification Status
- Locate a Certified Professional CE Providers
- Change My Password

### My Recent Invoices

Invoice	Invoice Date	Total	Payment	Balance Due	Cancel Qty
Not available at this time.					

View All Invoices

Contact Us

If you are renewing by continuing education, the Submit Application button will activate when you have 100 CE hours (CRC and CCRC) or 80 CE hours (CVE, CWA, CCAA). Click the button to complete and submit your renewal application.

Customer: \_\_\_\_\_, CRC Customer ID: \_\_\_\_\_

Current Renewal Application: CRC Renewal

Current Renewal Cycle Start Date: 10/01/2014

Current Renewal Cycle Due Date: 10/31/2019





Renewal Application Submission Date: \_\_\_\_\_

**Submit Application**



**Request Extension**



The Submit Application button will function when your continuing education requirement has been met. If you are renewing by re-examination, go to the Renewal Checklist tab.

Dashboard  Renewal Checklist  **Continuing Education Checklist**  Exam Results 

 Locked  Unlocked  Completed  Under Review  Further Action  Met

	Checklist Item	Status	Minimum Required	Reported Credits	Accepted Credits	Percentage	
	Ethics requirement	Pending Submission	10.00	15.00	15.00	<b>100%</b>	<b>Report CE</b>
	Total CE (Includes Ethics)	Pending Submission	100.00	107.00	107.00	<b>100%</b>	<b>Report CE</b>

Read and check the box at the bottom of the Attestation. Click the Next button.



Welcome / [redacted], you are signed

## Attestation

The Commission on Rehabilitation Counselor Certification (CRCC) does not condone or engage in discrimination based on age, arrest record (including I understand information submitted as part of this application for the initial certification or certification renewal becomes the property of CRCC, but, except as set forth below, will not be released to outside parties unless specifically authorized by the applicant/certificant or unless required by law. I further understand that individual examination results are released to the candidate and are not released to any institution or employer. If a candidate for initial certification is a student taking the CRC as a comprehensive exam, then the student may execute proper authorizations so that his/her examination results will be provided to the university. I consent that, for research and statistical purposes only, data resulting from the initial certification and certification renewal process may be used in an anonymous/unidentifiable manner. I understand CRCC provides a database listing certificant on its website, which is updated periodically, for the use by the public. I further understand CRCC also receives and responds to requests for information about the certification status of those holding its credentials. Before initialing this application below, please note your name will be entered by CRCC as First Name, Middle Name or Initial, and Last Name, according to the information you have listed within this application. This is the way in which your name will be listed on your admission ticket should you be deemed eligible for the examination and on your certificate should you achieve a passing score or successfully renew your certification. If you are deemed eligible to sit for the examination and the name on your valid photo identification does not match the name on your admission ticket, you will not be allowed entry into the examination. Please check your photo identification and make any necessary changes before you submit this application. I understand and acknowledge that all applications reviewed by CRCC, for either initial certification or certification renewal, will incur a non-refundable fee. For candidates deemed ineligible to sit for the initial certification examination, a refund of \$100 will be issued. Initial below to confirm that you have read and understand the Statement of Understanding.

I agree to the Terms and Conditions.

Next

Read and respond to the Disclosure Questions. If you have nothing to disclose, click the Next button.



## Disclosure Questions

Please read each question and select your answer. If you answer "YES" to any of the questions 2 through 7, you will need to provide additional information.

1. Have you read and understood all provisions of the Code of Professional Ethics for Rehabilitation Counselors (Code)? (To qualify for recertification, you must be able to answer yes truthfully.)

5. Have you ever been reprimanded or discharged by an employer or supervisor for dishonesty in connection with your employment or occupation or due to complaints of physical or sexual abuse or harassment? (If yes, you must submit all documentation in your possession or control that relates to the matter.)

Yes  No

6. Since your initial certification or last renewal, whichever is the most recent, have you been convicted for violating any law, statute, or ordinance (excluding minor traffic violations and matters that were sealed or expunged)?

(If yes, you must submit all documentation related to the incident[s].)

Yes  No

7. Are you identified on any state or national sex offender registry?

(If yes, you must submit all documentation, as outlined above.)

Yes  No



Next

Add more upload documents

**If you answer Yes to disclosure questions 3 to 7, you must provide documentation.**



## Disclosure Questions

*Please read each question and select your answer. If you answer "YES" to any of the questions 2 through 7, you will need to provide additional information.*

1. Have you read and understood all provisions of the Code of Professional Ethics for Rehabilitation Counselors (Code)? (To qualify for recertification, you must be able to answer yes truthfully.)  
Access the Code from the CRCC website at [www.crc certification.com](http://www.crc certification.com).

Yes

2. Have you ever been known by any given or surname other than those shown on this application?  
(If yes, please type those names in the text box.)

Yes  No

3. At any time when you were not certified, have you ever held yourself out to be a Certified Rehabilitation Counselor or used the initials CRC in the execution of any documents?  
(If yes, submit an explanation that describes to whom, when, and under what circumstances.)

Yes  No

4. Have you ever held a professional license or certification that was revoked, suspended, or voluntarily relinquished or been placed on probation by a professional licensure or credentialing body?  
(If yes, you must submit all documentation in your possession or control that relates to the matter.)

Yes  No

Follow the prompts to pay your  
renewal fee.



Add the Renewal Fee to your cart. Click the Checkout button.

Welcome [redacted] you are signed



Add to Cart

Product Name: Renewal Fee

Price:

Checkout



You should see the Renewal fee in your shopping cart. Click the Check Out button.

## Shopping Cart

CRCC Shopping Cart <span>✕</span>					
Item	Price	Discount	Net total	Paid Amount	Balance Due
Renewal Fee	<input type="text"/>	0.00	<input type="text"/>	0.00	<input type="text"/>
	Required				

## Cart Total

Subtotal:

Total discount: **0.00**

Net Total:

Total Paid: **0.00**

Balance Due:

Discounts: Enter Discount Code (if applicable)

Discount:

apply



Check-Out

Confirm your name and billing information. Select your payment method. 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:



Confirm customer and billing information. Select your payment method.

#### Payment Information

Payment amount: 18.00

Payment method:

Invoice total: 18.00

Continue



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

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