COMMISSION ON REHABILITATION COUNSELOR CERTIFICATION

Category 2 – Student Enrolled in a Non-CACREP Accredited Program Verification Form

All completed pages in this form must be uploaded to your application.

Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Former Name (if applicable): _____

Address: _____ Apt./Suite: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email (Required): _____

Release Statement: I, _____ , am applying for certification as a Certified Rehabilitation Counselor and am required to provide verification of my internship. My application cannot be processed until this information is received.

Signature of CRC: _____ Applicant Date: _____

CRCC
COMMISSION ON REHABILITATION COUNSELOR CERTIFICATION

Student Name: _____

Faculty Advisor Instructions

This student is applying for the CRC exam under Category 2. This category is available to students who are enrolled in a master's degree program in Rehabilitation Counselor Education or Clinical Rehabilitation Counseling that is NOT accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The institution MUST be accredited by a national or regional accrediting body by CHEA. The degree program must be a minimum of 48 semester credit hours or 72 quarter hours.

Furthermore, to be eligible as a student under this category, the individual must submit an application and must have completed at least 75% of the required coursework in accordance with the following timeline:

APPLICATION DEADLINE	75% REQUIRED COURSEWORK COMPLETED	EXAMINATION WINDOW
April 30	June 1	July
August 15	September 1	October
December 15	February 1	March

An applicant's eligibility can only be evaluated if this verification form is completed.

1. Please complete/review this form.
2. Sign and return the form to the applicant.
3. Note that timely return of this document is necessary to meet processing deadlines for the CRC exam.

CRCC
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Student Name: _____

Information Supplied by Faculty Advisor

Please answer Yes or No to the following questions:

Is the University accredited by a national or regional accredited body accredited by CHEA? ◯ Yes ◯ No

Is the degree program a minimum of 48 semester credit hours (or 72 quarter hours)? ◯ Yes ◯ No

If the answer to the above questions is NO, please STOP. This student is not eligible to qualify for the CRC Exam. If the answer to the above questions is YES, please continue:

Does the degree program require the following graduate-level courses as defined by CRCC?

Professional Orientation & Ethics in Rehabilitation Counseling: ◯ Yes ◯ No

Medical & Psychosocial Aspects of Disabilities: ◯ Yes ◯ No

Assessment: ◯ Yes ◯ No

Career Development Theories & Job Development and Placement Techniques: ◯ Yes ◯ No

Case Management & Community Partnerships: ◯ Yes ◯ No

Theories & Techniques of Counseling: ◯ Yes ◯ No

Research, Methodology, & Performance Management: ◯ Yes ◯ No

Indicate the month and year this individual will graduate:

Practicum Hours

Indicate the number of clock hours of practicum this individual will have completed by graduation:

Clock hours (semester system): _____ OR clock hours (quarter system): _____

Indicate the number of clock hours this individual will have spent providing direct rehabilitation counseling services to individuals with disabilities as part of the practicum.

Clock hours (semester system): _____ OR clock hours (quarter system): _____

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Student Name: _____

Internship Hours

Indicate the number of clock hours of **Internship** this individual will have completed by graduation:

Clock hours (semester system): _____ OR clock hours (quarter system): _____

Indicate the number of clock hours this individual will have spent providing direct rehabilitation counseling services to individuals with disabilities as part of the internship.

Clock hours (semester system): _____ OR clock hours (quarter system): _____

Provide the name and customer number (if known) of the CRC who supervised or will supervise this individual's INTERNSHIP. The supervision can be at either the internship site or the university (i.e., a faculty member.)

Name: _____ CRC#: _____

I hereby attest that the individual named above is enrolled in a master's degree program in Rehabilitation Counselor Education (RCE) or Clinical Rehabilitation Counseling (CLRC) that is NOT accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Furthermore, I acknowledge that this individual will have completed 75% of the required coursework by the applicable date above and will have completed a practicum as well as an internship in rehabilitation counseling that is supervised by a Certified Rehabilitation Counselor (CRC) by the time of graduation. No official examination results will be released until CRCC has received and reviewed a transcript to ensure the requirements have been fully satisfied.

Faculty Member's Signature:

_____

Date: _____ (mm/dd/yyyy)

Printed Name: _____

Name of University: _____

Applicant: Please return to My Account on the CRCC website to upload this completed form.