



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 NAME

First _____ Middle Initial _____ Last _____

Former Name (If Applicable) _____

APPLICANT ADDRESS

Street _____ Apartment/Suite _____

City _____ State _____ Zip Code _____

Release Statement: I, _____, am applying for the Certified Rehabilitation Counselor designation and am required to provide verification of my status in a Rehabilitation Counselor Education or Clinical Rehabilitation Counseling program that is not CACREP-accredited. Please complete form and return to the above address. My application cannot be processed until this information is received.

Signature of CRC Applicant

Date (mm/dd/yyyy)

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.

Student Name

1. INFORMATION SUPPLIED BY FACULTY ADVISOR

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.		
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 _____
(mm/yyyy)

Indicate the number of clock hours of **PRACTICUM** this individual will have completed by graduation.

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

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

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

Student Name

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 of 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.