



COMMISSION ON REHABILITATION
COUNSELOR CERTIFICATION

**CATEGORY 3 – GRADUATE IN RELATED FIELD: EMPLOYMENT
VERIFICATION FOR EDUCATORS**

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

Applicant Information

NAME	First	Middle Initial	Last	Former Name (if applicable)

Release Statement: I, _____, am applying for certification as a Certified Rehabilitation Counselor and am required to provide verification of my employment experience as an educator in a rehabilitation counseling (RC) or clinical rehabilitation counseling (CLRC) program. Please complete this form. My application cannot be processed until this information is received.

Signature of CRC Applicant

Date (mm/dd/yyyy)

Employer Instructions:

The individual named above is applying for the CRC exam. An applicant’s eligibility can only be evaluated if this verification form is completed. All educators who apply for certification must have their employment verified by the head of the department in which the university’s rehabilitation counseling (RC) or clinical rehabilitation counseling (CLRC) program is housed.

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.
4. If you cannot verify the applicant’s employment as required by CRCC, please return this form to the applicant.



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Applicant Name: _____

**Information Supplied by Rehabilitation Counseling or Clinical Rehabilitation
Counseling Program**

College/University Name:	
Address:	

Dates of employment:	From (mm/dd/yyyy)	To (mm/dd/yyyy)
Applicant's official job title:		

Please check the amount of time during the appropriate academic year that the applicant was employed as a full-time Educator in a rehabilitation counseling (RC) or clinical rehabilitation counseling (CLRC) program:

Semesters	4	6	8	12	Other (specify):
Quarters	4	8	12	16	Other (specify):
12-month Contract	1	2	3	4	Other (specify):

Did the applicant supervise students as part of his/her academic employment?	YES	NO
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Did the applicant provide direct clinical work to individuals with disabilities as defined by CRCC*?	YES	NO	DO NOT KNOW
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I certify that the information I have provided is accurate. I understand that any discrepancies in the facts given here will prevent the applicant from sitting for the CRC exam.

Signature _____ Title _____

Printed Name _____ Date (mm/dd/yyyy) _____

Relationship to applicant during this employment period:		
Supervisor	Employer	Other (please specify)



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* The term "individuals with disabilities" is defined by CRCC to include individuals who have limitations in life functioning (e.g., school, work, independent living, mobility) as a result of conditions such as sensory impairments, mental illnesses, developmental disabilities, learning disabilities, neurological disorders, chemical dependencies, and/or physical disabilities.

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