CATEGORY 3 – GRADUATE OF RELATED FIELD: INTERNSHIP SUPERVISION VERIFICATION FORM

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

Instructions:

The individual named below is applying for the CRC exam. An applicant's eligibility can only be evaluated if this verification form is completed. This form must be completed by the CRC faculty member or a CRC site supervisor who supervised the applicant named below in his/her rehabilitation counseling internship.

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

1. Applicant Information

NAME	First	Middle Initial	Last	Former Name (if applicable)

ADDRESS			
Street Apartment/ Suite	City	State	Zip Code

TELEPHONE				**EMAIL ADDRESS (REQUIRED)**
Preferred Phone Number				
	Area Code	Number	Extension	

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 (mm/dd/yyyy)

Applicant Name: ______________________________

2. Information Supplied by Supervisor

Indicate total number of clock hours completed at this site:
Dates of internship: From (mm/dd/yyyy) To (mm/dd/yyyy)
Internship site:
City/State:
Internship position title:
Name of supervisor at the site:
Name of faculty supervisor at the university:
Total percentage of time during the internship period that the applicant spent delivering direct rehabilitation counseling services to individuals with disabilities: %
Breakdown indicating the client population served:

	Population	% of total case load		Population	% of total case load
	Sensory Disabilities	%		Psychiatric Disabilities	%
	Developmental Disabilities	%		Learning Disabilities	%
	Neurological Disorders	%		Substance Dependencies	%
	Physical Disabilities	%		Other	%
	Total percentage for this section must equal and not exceed 100%.				

The statements below represent rehabilitation counseling activities that might be performed by the applicant in delivering services. Please check the appropriate responses.

	Performed in position	**Not** performed in position	Percent of time spent on the activity
Counseling			%
Case Management			%
Client Assessment			%

Service Planning for Individuals with Disabilities	%
Rehabilitation Services Coordination	%
Job Analysis	%
Job Development/Placement	%
Advocacy	%
Total percentage for this section must be 50% (minimum 10% counseling, ≥ 40% in the other 7 areas), and not exceed 100%.	

Applicant Name: ______________________________

I was this applicant's supervisor and, during such time, I was a CRC. I hereby certify that the applicant named on this form received a systematic and periodic evaluation of the quality of his/her delivery of services as a rehabilitation counselor while under my supervision.

Supervisor's Signature	Date (mm/dd/yyyy)
Printed Name	CRC #

Applicant: Please return to My Account on the CRCC website to upload this completed form. All pages must be included.