



CATEGORY 3 – GRADUATE OF A RELATED FIELD: SELF-EMPLOYMENT VERIFICATION FORM

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. Please complete this form. My application cannot be processed until this information is received.

 Signature of CRC Applicant Date (mm/dd/yyyy)

Purchaser Instructions:

The individual named above is applying for the CRC exam. The applicant has indicated that he or she provided rehabilitation counseling services to you, your clients or your organization. An applicant's eligibility can only be evaluated if this verification form is complete.

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.

Information Supplied by Purchaser

NAME	First	Middle Initial	Last	Maiden Name (if applicable)
Mr. Ms. Dr.				

Company Name:	
Address:	

Dates of service:		
	From (mm/dd/yyyy)	To (mm/dd/yyyy)



COMMISSION ON REHABILITATION
COUNSELOR CERTIFICATION

Hours worked per week:	
Application's official job title:	



COMMISSION ON REHABILITATION
COUNSELOR CERTIFICATION

Applicant Name: _____

Did the applicant provide direct rehabilitation counseling services to individuals with disabilities?	Yes	No
Average number of cases served by applicant on an ongoing basis (i.e. caseload):		

Indicate 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%.			

Summarize this individual's primary responsibilities while under your supervision.



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JOB ACTIVITIES *(Please check ALL duties performed by this applicant in each of the following job activities. Also indicate percent of workweek spent on each activity.)*

There are a total EIGHT activity areas:

Counseling is required for all applicants.

Further, that the applicant must have minimally provided services in THREE of the following SEVEN activities: Case Management, Client Assessment, Service Planning for Individuals with Disabilities, Rehabilitation Services Coordination, Job Analysis, Job Development/Placement, or Advocacy

In addition, services must include ONE of the following FOUR activities: Case Management, Client Assessment, Service Planning for Individuals with Disabilities or Rehabilitation Services Coordination.

The total percentage for the section below must be 50% (minimum 10% counseling, \geq 40% in the other 7 areas), and not exceed 100%.



COMMISSION ON REHABILITATION
COUNSELOR CERTIFICATION

Applicant Name: _____

ACTIVITY 1: COUNSELING (minimum requirement 10%)	Yes	No
Provides individual counseling services.		
Provides group counseling services.		
Provides family counseling services.		
Counsels clients to select jobs consistent with their disabilities.		
Develops mutually agreed-upon vocational rehabilitation goals with the client.		
Uses counseling techniques (e.g., reaction, interpretation, summarization) to facilitate client self-exploration.		
Applies psychological and social theories to develop strategies for counseling intervention.		
Adjusts counseling approaches or style according to client's cognitive and personality traits.		
Counsels clients on desirable work behaviors to help them become more employable.		
Uses anxiety reduction techniques to help clients cope with stress during the rehabilitation process.		
Identifies social, economic, and environmental factors that may adversely affect the client's rehabilitation process.		
Develops therapeutic relationships characterized by empathy and regard for the client.		
When appropriate, involves the client's family or significant others in the counseling process.		
PERCENTAGE of workweek applicant spends in these activities.	%	

ACTIVITY 2: CASE MANAGEMENT	Yes	No
Prepares concise written reports in a comprehensive, timely fashion.		
Utilizes a Management Information System to provide updates of appropriate information to all concerned parties.		
Responds to legal, societal, and economic changes in the environment that affect the client.		
Acts as a liaison to the community.		
Coordinates services of other professionals and resources as required.		



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Maintains appropriate confidentiality and informs all parties as to the limits of confidentiality.		
PERCENTAGE of workweek applicant spends in these activities	%	

Applicant Name: _____

ACTIVITY 3: CLIENT ASSESSMENT	Yes	No
Gathers information about the client from relevant sources (e.g., the client, guardian, family members, professionals, employers).		
Assesses the significance of the client's disabilities in terms of medical, psychological, educational, and family status.		
Uses the client's diagnostic information (e.g., tests, vocational and educational records, medical reports, etc.) in the assessment process.		
Determines client assessment needs, administers evaluation instruments or techniques, or makes referrals for such administrations.		
Explains assessment results to the client.		
Integrates assessment data to describe the client's residual capacities for rehabilitation planning purposes.		
Makes recommendations based on comprehensive client assessment information.		
Recognizes psychological problems (e.g., depression, suicidal tendencies) requiring consultation or referral.		
Consults medical professionals regarding the client's functional capacity, prognosis, and treatment plan.		
Reviews medical information with clients to determine the vocational implications of their functional limitations.		
Maintains appropriate confidentiality and informs all parties as to the limits of confidentiality.		
PERCENTAGE of workweek applicant spends in these activities.	%	

ACTIVITY 4: SERVICE PLANNING FOR INDIVIDUALS WITH DISABILITIES	Yes	No
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Develops a written rehabilitation plan that is consistent with client needs and goals, assessment results, legal mandates, and ethical considerations.		
Coordinates activities of all individuals, agencies and organizations involved in the written rehabilitation plan.		
Integrates diagnostic information received from various sources.		
Monitors progress toward goals specifically set forth in the rehabilitation plan.		
Evaluates the plan at appropriate intervals to determine the plan's effectiveness in reaching desired outcomes.		
Modifies the written plan when needed to maintain its effectiveness.		
Collaborates with other providers to coordinate services effectively.		
Refers the client to qualified specialists in order to obtain the most timely and cost-effective services.		
PERCENTAGE of workweek applicant spends in these activities.	%	



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Applicant Name: _____

ACTIVITY 5: REHABILITATION SERVICES COORDINATION	Yes	No
Monitors the client's progress in the rehabilitation process.		
Provides an overview of the client's needs to cooperating individuals, agencies, and organizations.		
Designs intervention strategies appropriate for the client's needs, goals, and functional capacity.		
Obtains necessary data to determine the cost of and the time required for rehabilitation services.		
Explains services and resources (including limitations) to the client.		
PERCENTAGE of workweek applicant spends in these activities.	%	

ACTIVITY 6: JOB ANALYSIS	Yes	No
Makes on-site observations and evaluations to determine the physical and mental tasks that comprise the essential functions of the job.		
Determines the skills needed to perform the essential functions of the job.		
Evaluates the job activities at the work site to determine if modifications of work activities are needed and are feasible.		
Recommends modifications and resources to accommodate the client's needs.		
PERCENTAGE of workweek applicant spends in these activities.	%	

ACTIVITY 7: JOB DEVELOPMENT/PLACEMENT	Yes	No
Instructs clients in job seeking skills and in preparing for job interviews (e.g., attire, hygiene, applications, interviewing skills).		
Determines level of intervention, support, and counseling needed for successful job placement (e.g., job club, supported employment, on-the-job training, job accommodation).		
Uses the Occupational Outlook Handbook, the Dictionary of Occupational Titles, or O*NET, and other occupational resources.		
Applies information on current labor market trends to the tasks of locating, obtaining, and retaining employment, and maximizing earning potential for persons with disabilities.		
Uses standard methods to analyze tasks of a job.		
Recommends job task modifications to accommodate the client's functional limitations.		



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Provides prospective employers with appropriate information on client skills.		
Provides employers with information and help in obtaining incentives to encourage the employment of clients.		
Monitors the client's post-employment adjustment to determine need for additional services.		
Provides or coordinates post-employment services.		
PERCENTAGE of workweek applicant spends in these activities.	%	



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Applicant Name: _____

ACTIVITY 8: ADVOCACY	Yes	No
Provides information to individuals concerning their rights and responsibilities.		
Assists individuals in determining eligibility for benefits and services and facilitates the attainment of appropriate benefits and services.		
Communicates with systems and structures to support the goals of individuals with disabilities.		
Identifies attitudinal and environmental barriers.		
Monitors legislation, rules, and policies to identify the impact on individuals with disabilities.		
Provides information to groups, agencies, organizations, social structures, and legislative bodies to facilitate the acknowledgement and/or change of identified barriers.		
Provides individuals with the skills and support necessary for effective self-advocacy.		
PERCENTAGE of workweek applicant spends in these activities.	%	

I hereby attest that the applicant named in this verification form provided rehabilitation counseling services as a self-employed provider to the types of clients indicated on this form. The information given here is an accurate representation of the kinds of services provided by the applicant. 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)

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