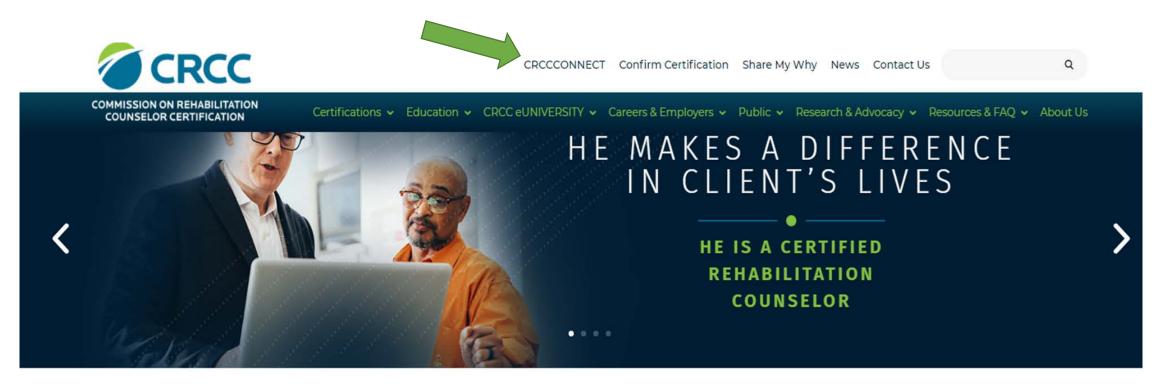


Applying for the CRC Examination:

Category 2 Student

Create your CRCC customer account by clicking the **CRCCCONNECT** link on the homepage.

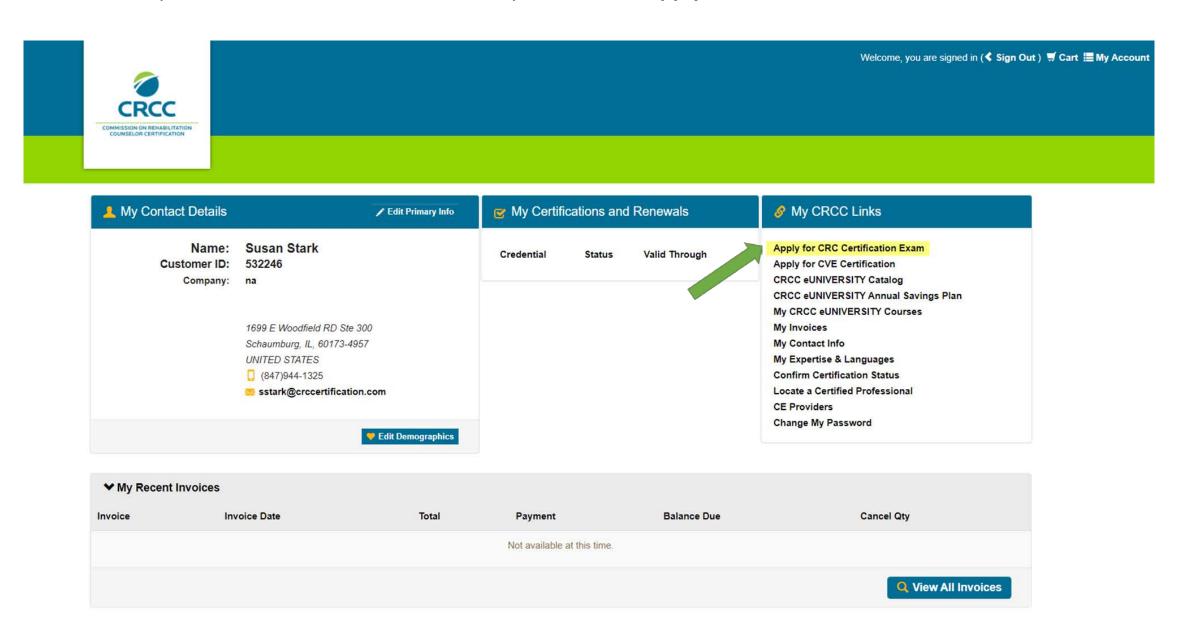








Once you've created a customer account, you'll see the **Apply for CRC Certification Exam** link.



When you click the link, you'll begin the application process. Read and respond to each question.



Based on your answers to the first few questions included in this application process, you will need to satisfy the Category 1, 2, or 3 requirements outlined in the CRC Certification Guide. Read each question before you select an answer.

Do you have or are you currently pursuing a master's degree in rehabilitation counseling (RC) or clinical rehabilitation counseling (CLRC)?

- . If you are a student in a master's rehabilitation counseling or clinical rehabilitation counseling program, click the Yes button.
- If you are a graduate of a master's rehabilitation counseling or clinical rehabilitation counseling program, click the Yes button.
- If your answer to this question is No, please continue completing the application.
 If you need to change your answer to this question, please contact CRCC at 847-944-1325. Do NOT continue with the application process.





Since you are applying under Category 2, click the **No** button.

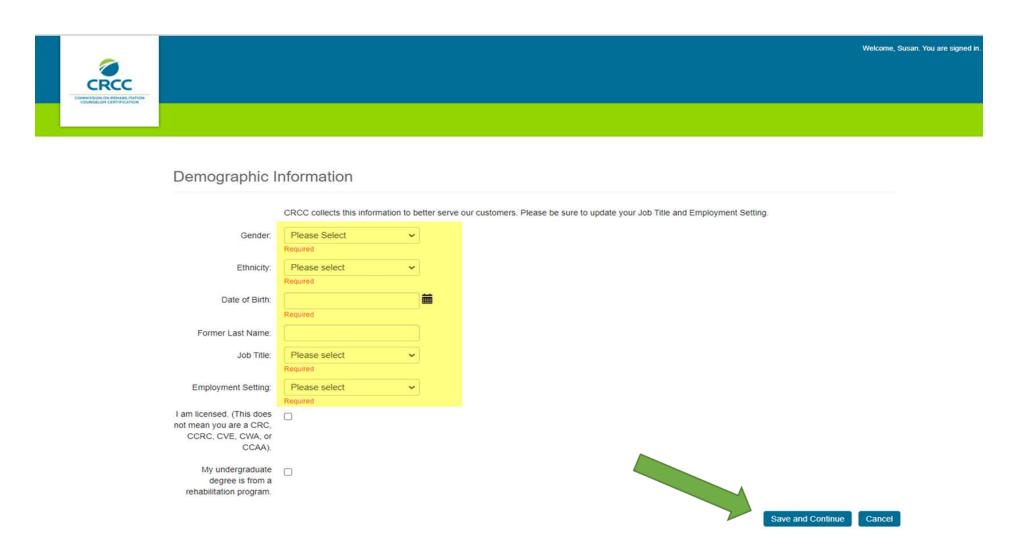


Did or do you attend a CACREP-accredited institution?

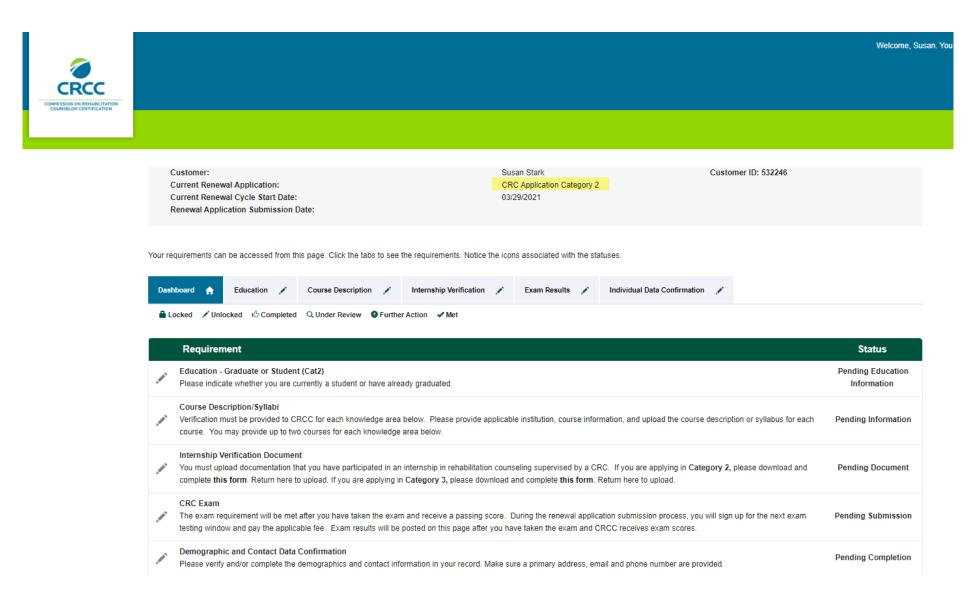
Unsure if your institution is accredited? Click here



CRCC collects demographic information from all applicants. Complete this section, then click the **Save and Continue** button.



When your application requirements page opens, confirm you are a **Category 2** applicant.



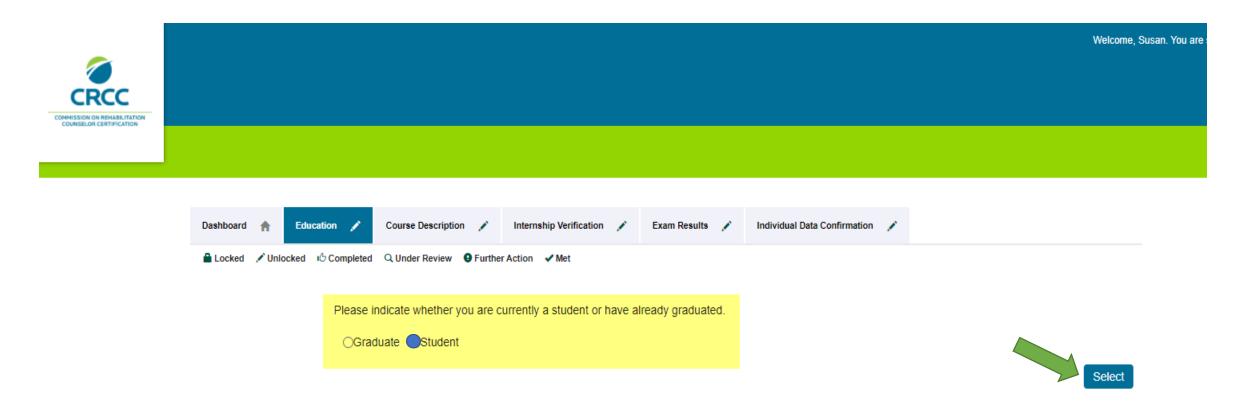
Click the **Education** tab.



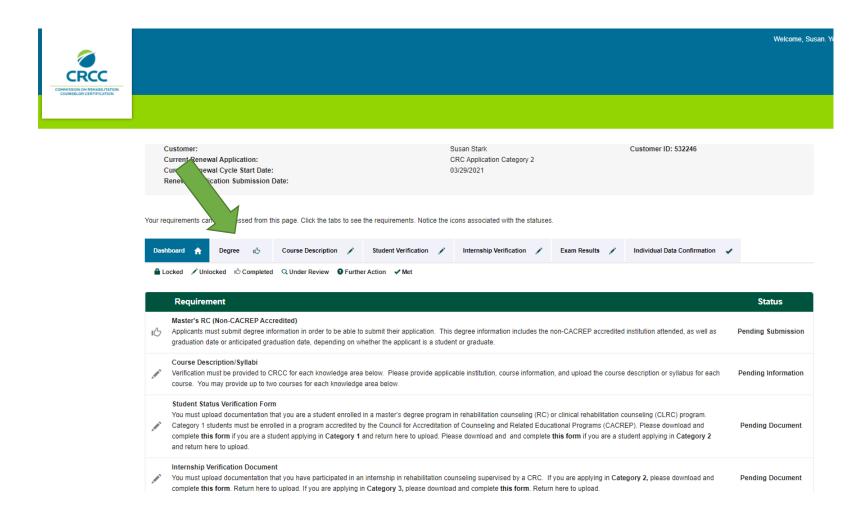


	Requirement	Status
AME	Education - Graduate or Student (Cat2) Please indicate whether you are currently a student or have already graduated.	Pending Education Information
A PART	Course Description/Syllabi Verification must be provided to CRCC for each knowledge area below. Please provide applicable institution, course information, and upload the course description or syllabus for each course. You may provide up to two courses for each knowledge area below.	Pending Information
A STATE OF THE PARTY OF THE PAR	Internship Verification Document You must upload documentation that you have participated in an internship in rehabilitation counseling supervised by a CRC. If you are applying in Category 2, please download and complete this form. Return here to upload. If you are applying in Category 3, please download and complete this form. Return here to upload.	Pending Document
A PART	CRC Exam The exam requirement will be met after you have taken the exam and receive a passing score. During the renewal application submission process, you will sign up for the next exam testing window and pay the applicable fee. Exam results will be posted on this page after you have taken the exam and CRCC receives exam scores.	Pending Submission

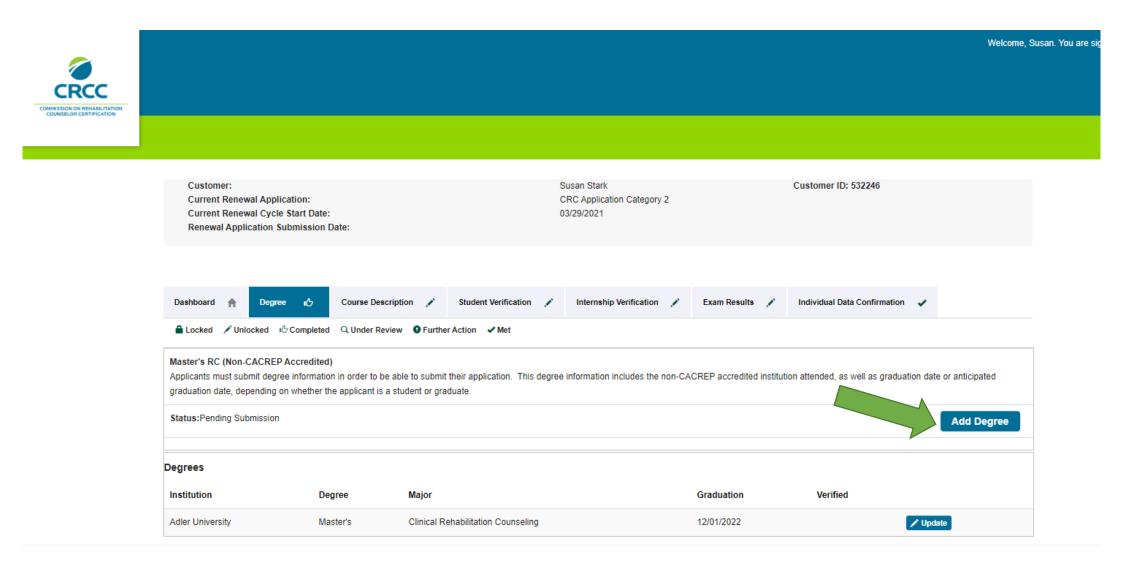
Select Student and click the Select button.



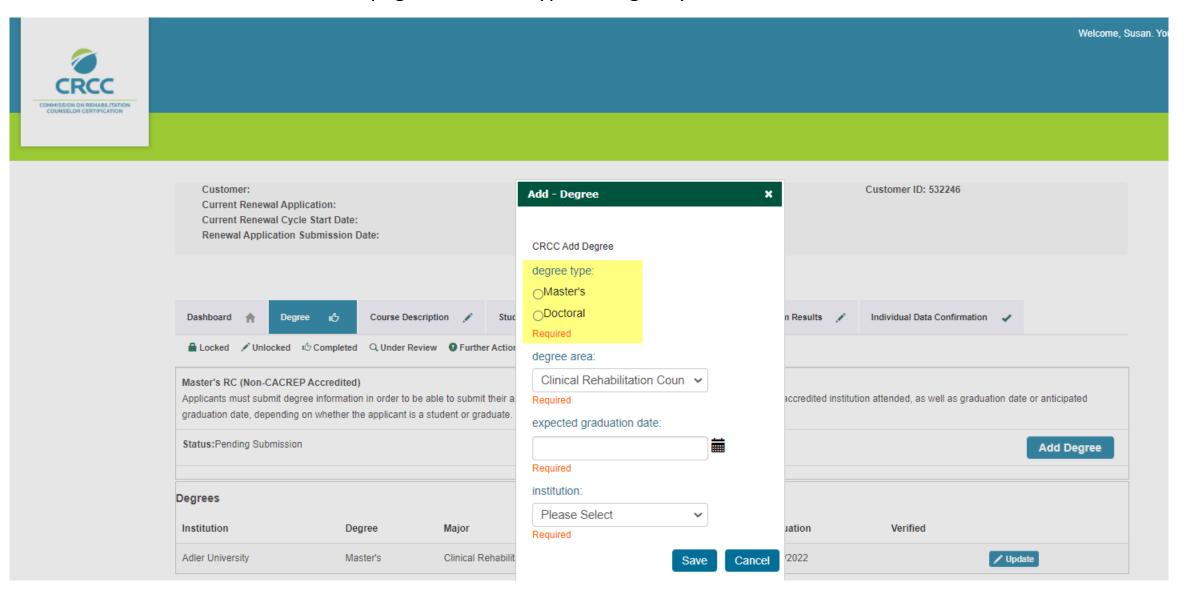
Click the **Degree** tab.



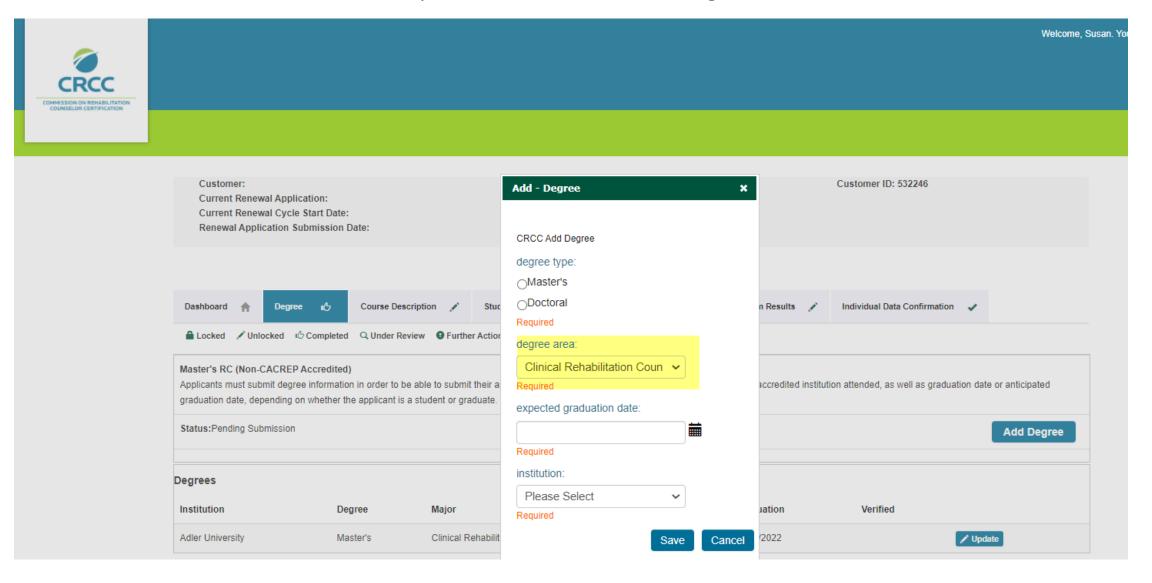
When your Degree requirements page opens, click the Add Degree button.



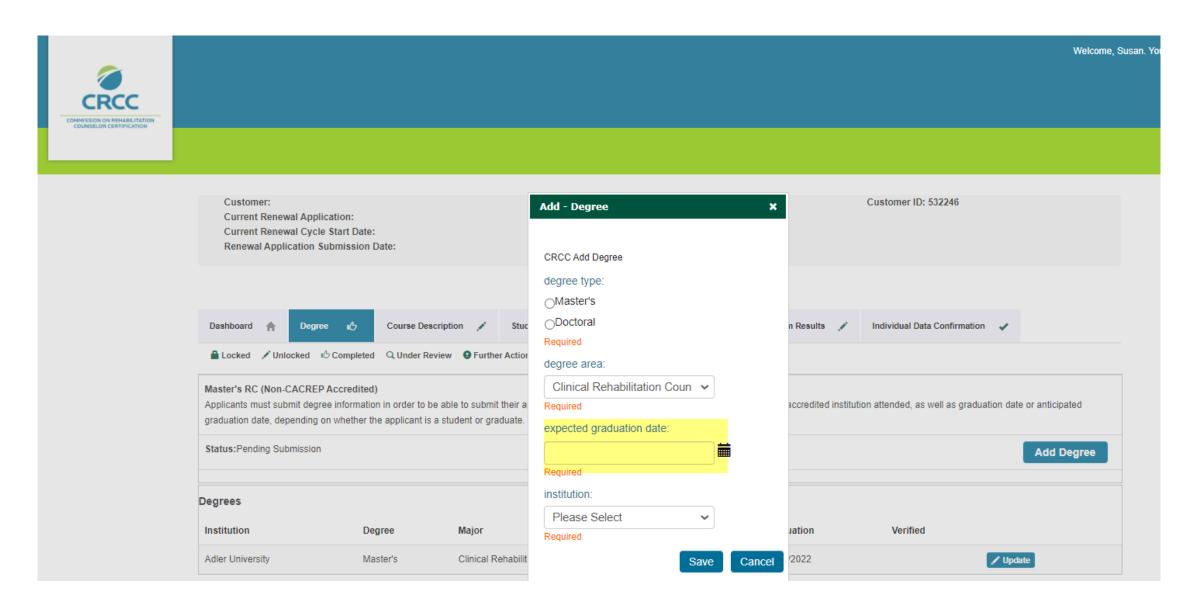
On the next page, select the type of degree you will be awarded.



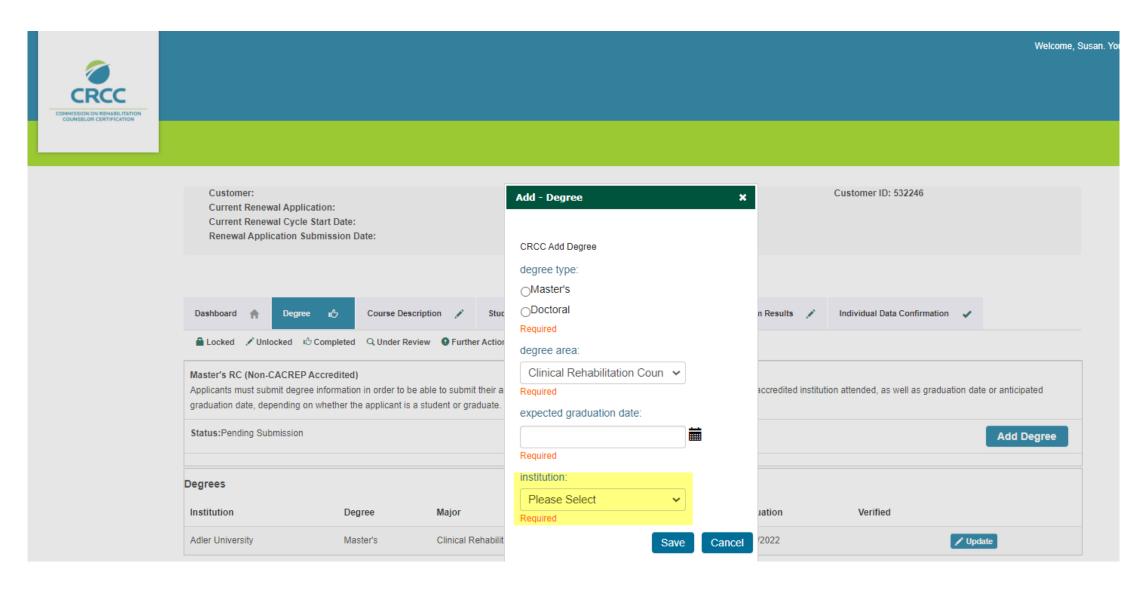
Use the dropdown menu to select the degree area.



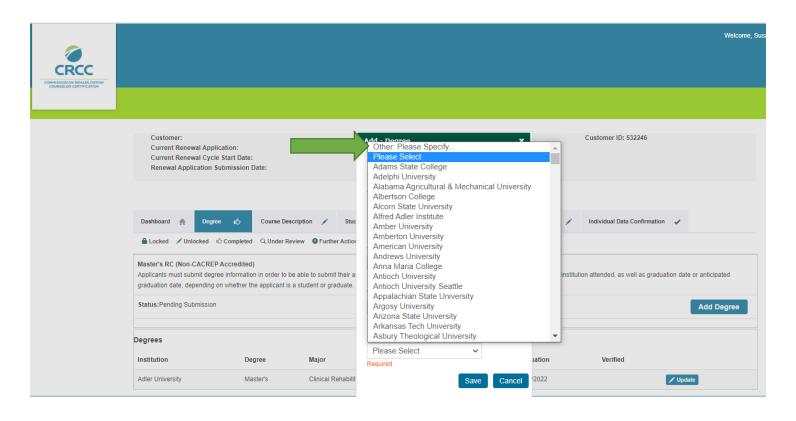
Click the calendar icon to select the date you expect to earn your degree.



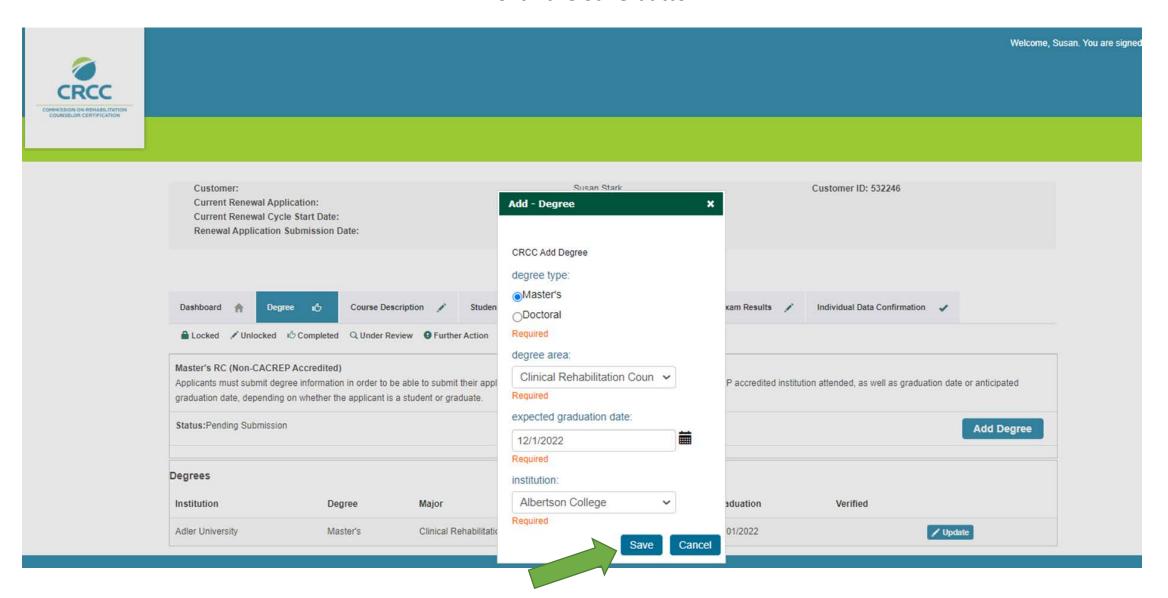
Use the dropdown menu to select your institution. If your institution is not listed, scroll up to select **Other.**



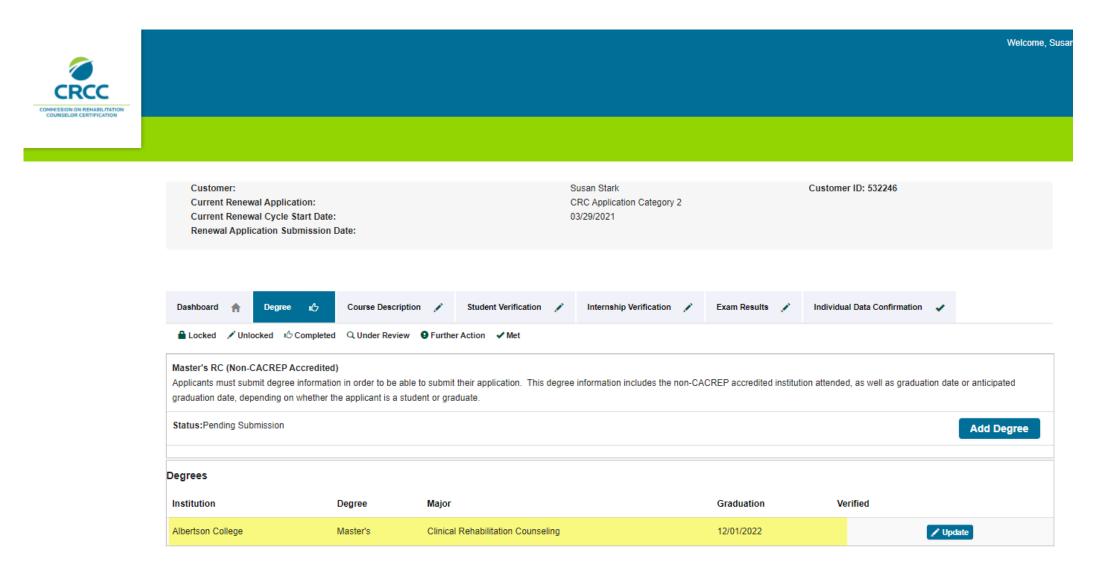
If your institution is not listed, scroll up to select **Other.**Type in your institution's name in the text box.



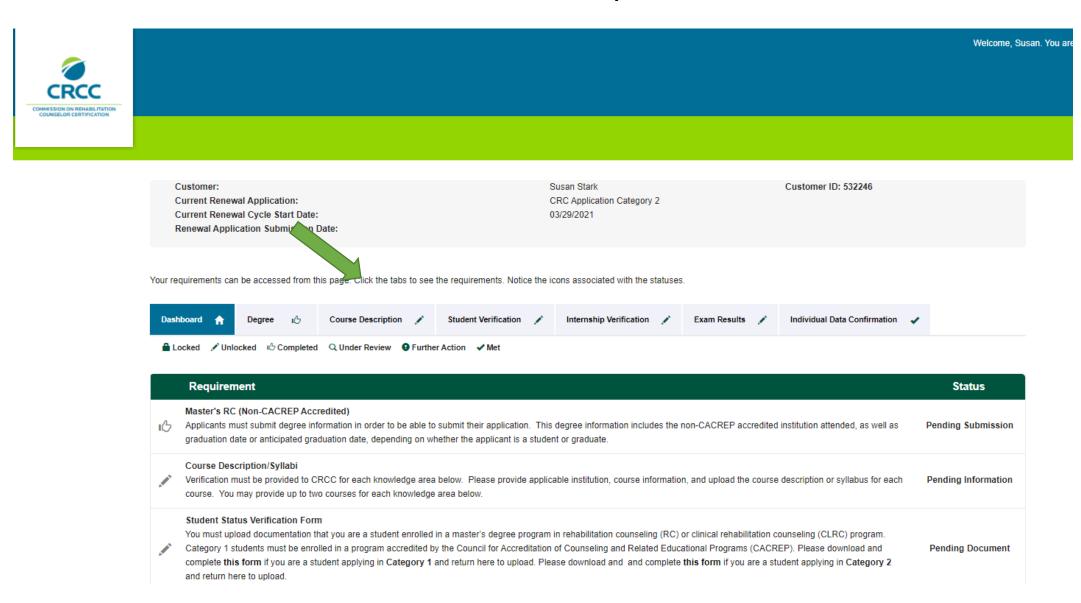
Review your degree information. Click the **Save** button.



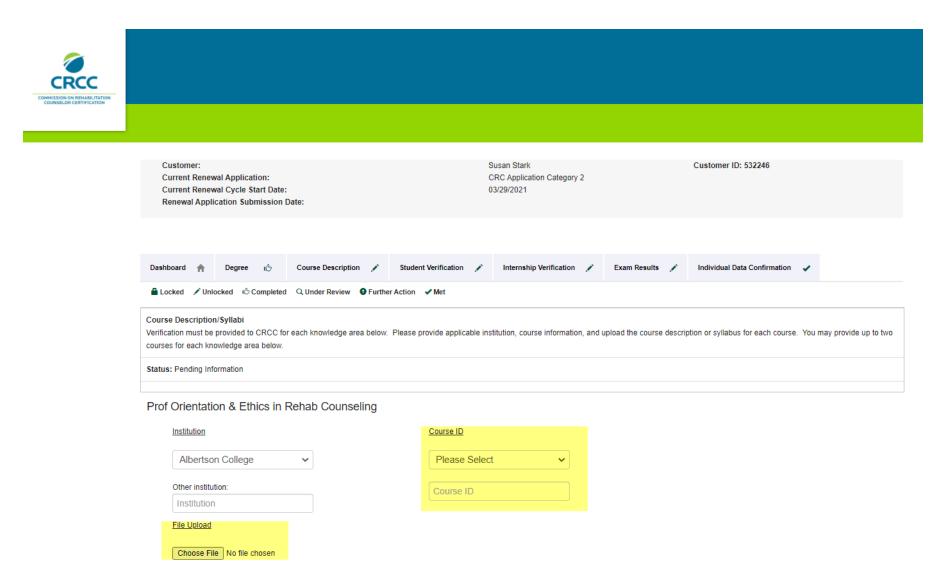
Your degree institution will display on the **Degree** tab.



Click the **Course Description** tab.



Enter the course information for each of the CRC Knowledge Domain areas. You will need to upload a copy of the course description from the college/university catalog or the course syllabus for each course.

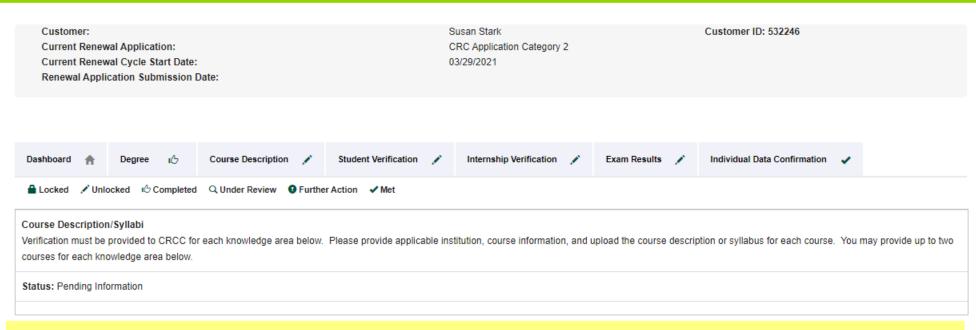


If the domain area was covered in more than one course, click the **Add another course link** to add the documentation.



You'll receive a confirmation message when you've entered course information for all of the knowledge domain areas.



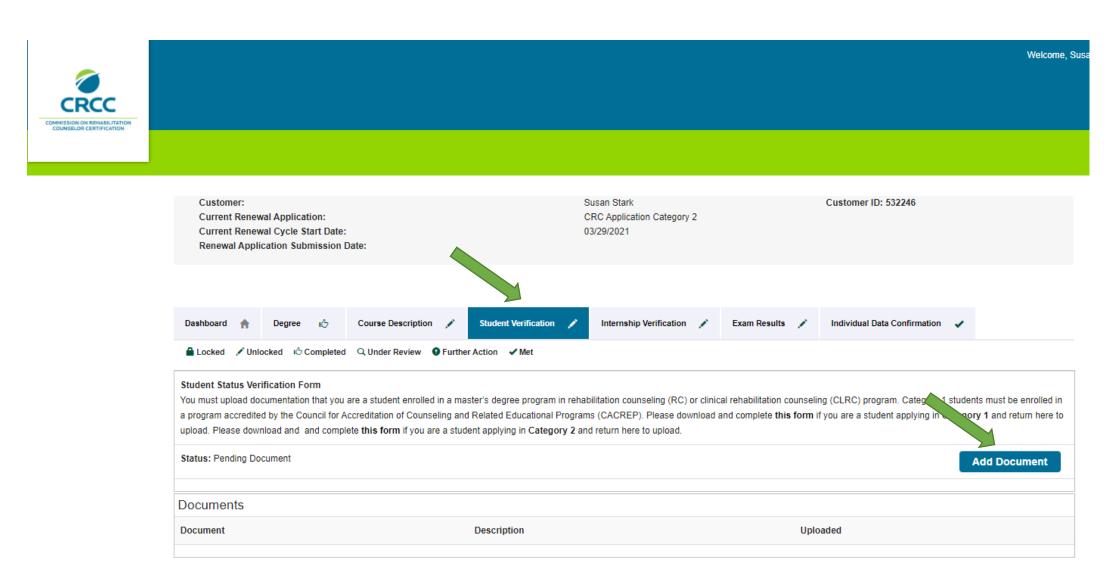


You have completed this requirement. Your course description information will be reviewed by CRCC staff.

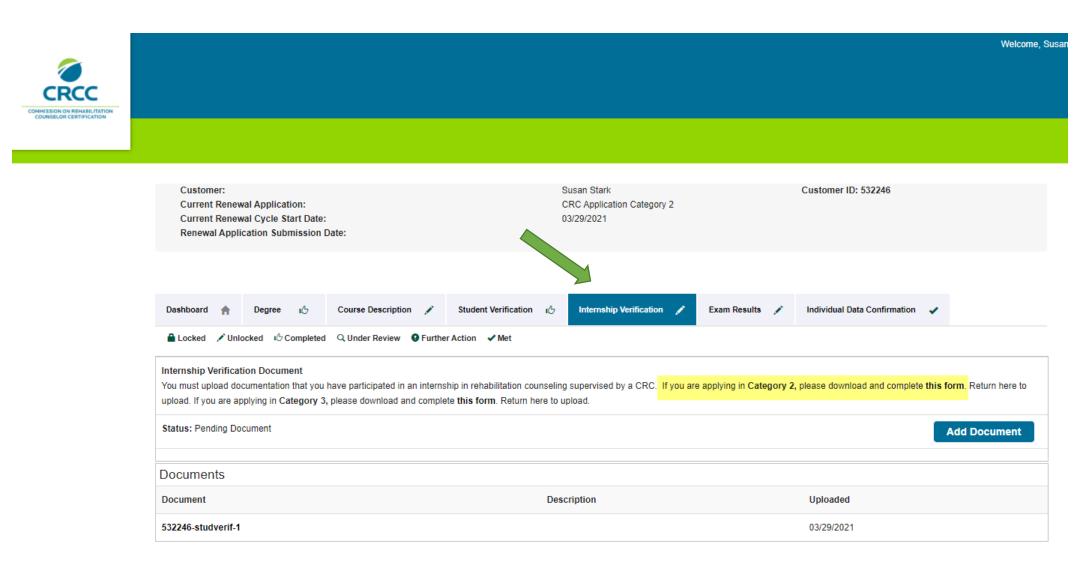
Click the **Student Verification** tab.

Download the Student Status Verification form for Category 2.

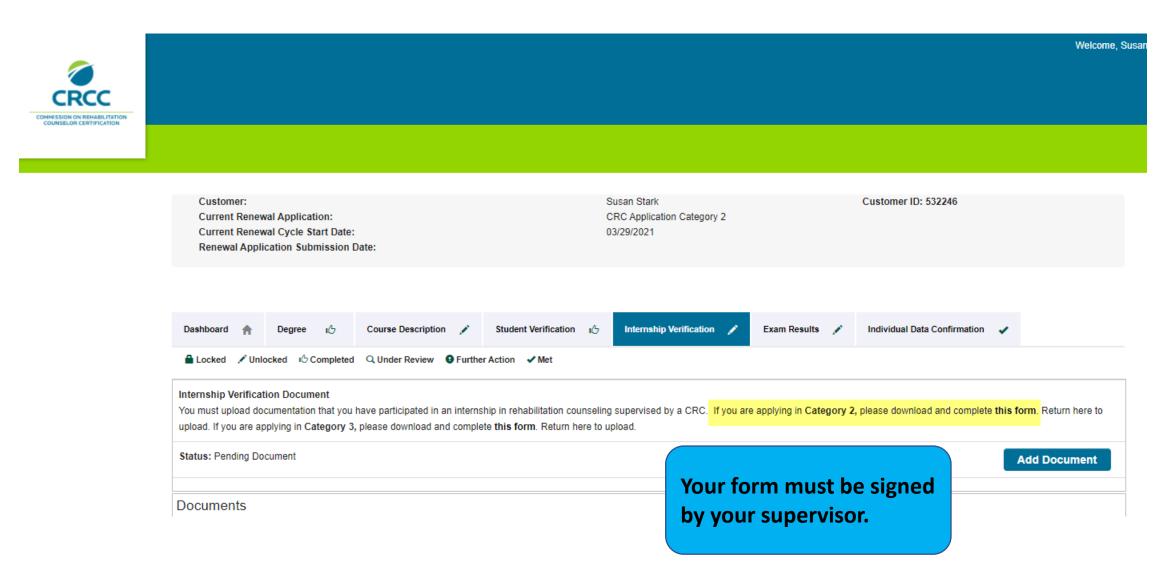
Be sure it is completed and signed before you upload it to your application.



Click the **Internship Verification** tab.

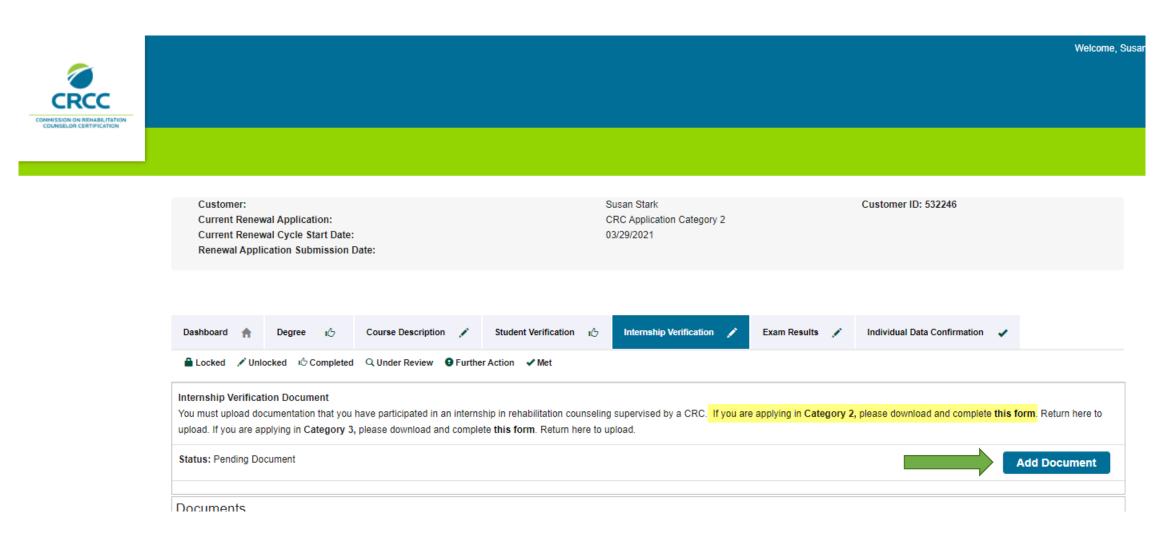


Download and complete the Internship Verification form for Category 2. Your supervisor must sign the form before you upload it.

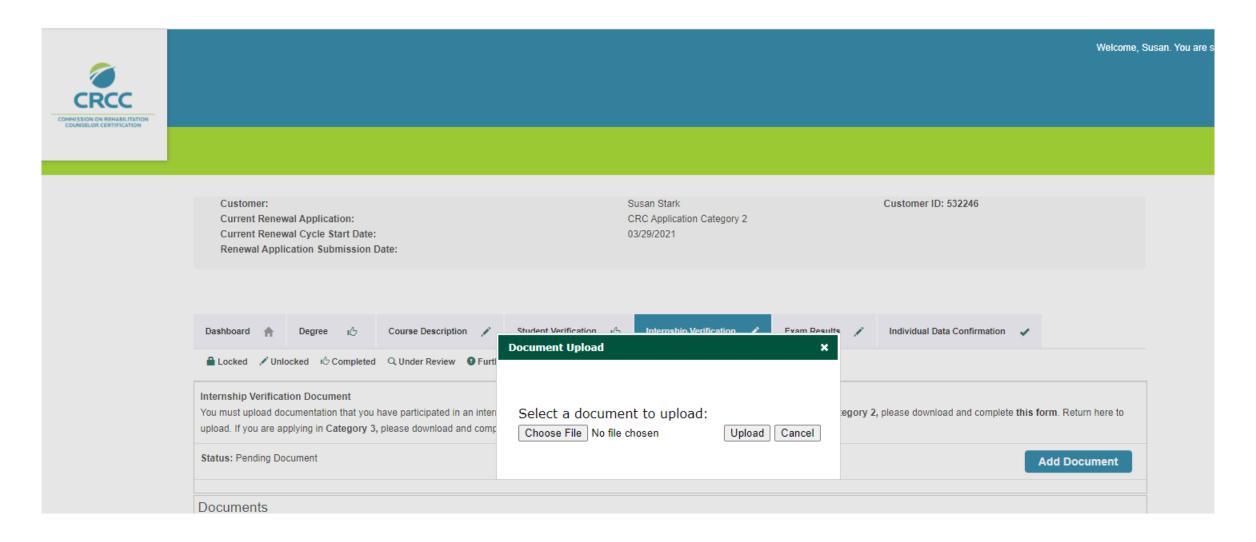


If you need to return to your application to upload the form, click the CRC credential in the My Certifications and Renewals section of your account page (when you first log in to the CRCC website).

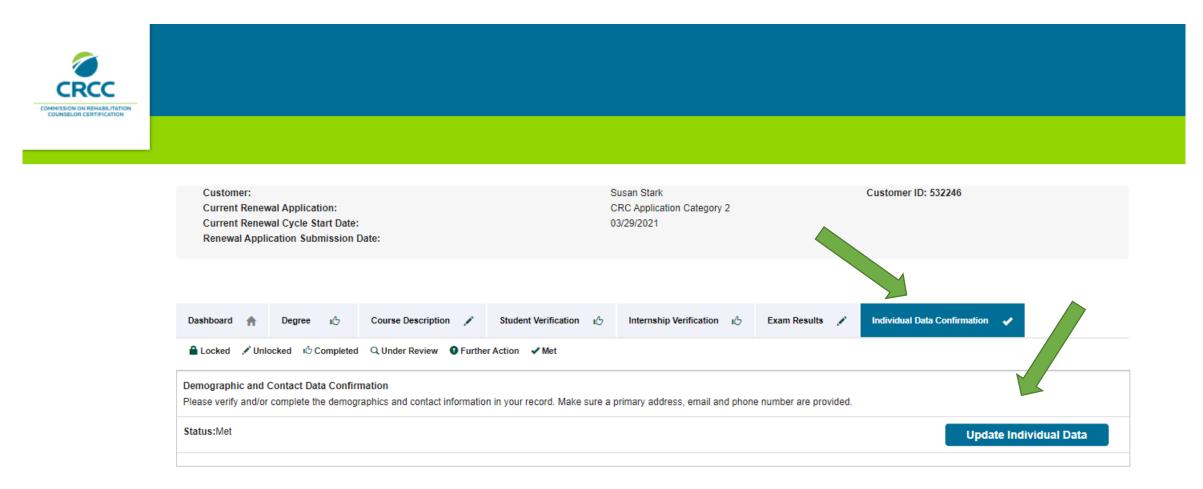
Click the Internship Verification tab and click the Add Document button to upload the completed form.



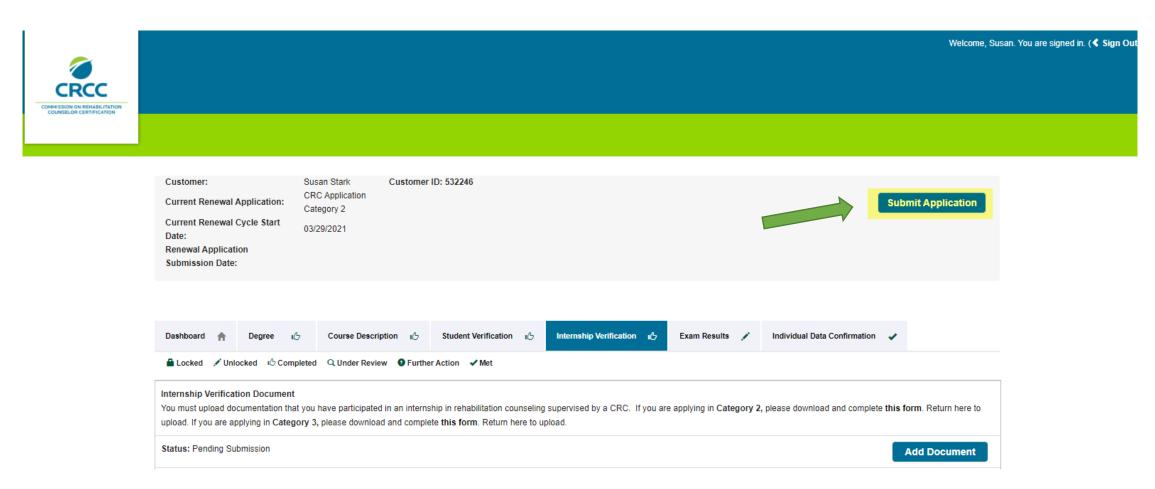
Upload document.



Click the **Individual Data Confirmation** tab and verify and update your data.



When your application requirements have been met, the **Submit Application** button will be activated. Click the button to complete the application process.



Read the entire Attestation page.



Welcome, Susan. You are signed in. (Sign 6

Attestation

The Commission on Rehabilitation Counselor Certification (CRCC) does not condone or engage in discrimination based on age, arrest record (including expunged criminal history), citizenship, color, disability (mental or physical), ethnicity/ancestry, genetic information, language (if unrelated to their duties), marital status, military status (including unfavorable discharge), national origin, pregnancy, race, religion, sex/gender, sexual orientation (including gender identity), or any other additional class protected by applicable law, including applicable County or City ordinances.

Initialing this application is an acknowledgment that information provided is accurate. Therefore, if CRCC subsequently learns a certification was granted or renewed on the basis of false, misleading, or inaccurate information, CRCC has the right to suspend or revoke that certification.

I hereby apply for initial certification or certification renewal, as applicable. I understand the certification program is administered by CRCC, a private, non-profit voluntary organization representing rehabilitation counselors and vocational assessment professionals. I further understand the CRCC through its applicable committees is the sole judge of my eligibility for initial certification and certification renewal and that I have no right to question its discretion in granting or denying certification. However, I have appeal rights as set forth in the Certification and Renewal Guides, which are available for viewing on the CRCC website. I further understand CRCC reserves the right to request and check references in the course of considering applications for initial certification or certification renewal. I hereby represent that I have responded truthfully to questions, including those related to character and violations of the law. I hereby release, discharge, and exonerate CRCC and its committees, members, agents, and representatives, and any person or entity furnishing documents, records, or other

When you get to the bottom of the Attestation page, click the I agree to the Terms and Conditions button, then, click the Next button.

Before initialing this application below, please note your name will be entered by CRCC as First Name, Middle Name or Initial, and Last Name, according to the information you have listed within this application. This is the way in which your name will be listed on your admission ticket should you be deemed eligible for the examination and on your certificate should you achieve a passing score or successfully renew your certification. If you are deemed eligible to sit for the examination and the name on your valid photo identification does not match the name on your admission ticket, you will not be allowed entry into the examination. Please check your photo identification and make any necessary changes before you submit this application.

I understand and acknowledge that all applications reviewed by CRCC, for either initial certification or certification renewal, will incur a non-refundable fee. For candidates deemed ineligible to sit for the initial certification examination, a refund of \$100 will be issued.

Check the checkbox below to confirm that you have read and understand the Statement of Understanding.

I agree to the Terms and Conditions.



Read and respond to the Disclosure Questions. If you answer Yes to disclosure questions 2 to 7, you must provide documentation.



Disclosure Questions

Please read each question and select your answer. If you answer "YES" to any of the questions 2 through 7, you will need to provide additional information.

1. Have you read and understood all provisions of the Code of Professional Ethics for Rehabilitation Counselors (Code)? (To qualify for certification, you must be able to answer yes truthfully.)

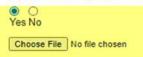
Access the Code from the CRCC website at www.crccertification.com.



INITIAL APPLICANTS: Have you ever been known by any given or surname other than those shown on your application?
 RENEWING CERTIFICANTS: Since your last renewal, have you been known by any given or surname other than what is shown on your application?
 (If yes, please type those names in the text box)



3. At any time when you were not certified, have you ever held yourself out to be a Certified Rehabilitation Counselor or used the initials CRC in the execution of any documents? (If yes, submit an explanation that describes to whom, when, and under what circumstances.)



4. Have you ever held a professional license or certification that was revoked, suspended, or voluntarily relinquished or been placed on probation by a professional licensure or credentialing body? (If yes, you must submit all documentation in your possession or control that relates to the matter.)



When questions 1-7 are answered (and any required documentation is uploaded), Click the **Next** button.

5. Have you ever been reprimanded or discharged by an employer or supervisor for dishonesty in connection with your employment or occupation or due to complaints of physical or sexu (If yes, you must submit all documentation in your possession or control that relates to the matter.) O No Yes No	al abuse or harassment
6. Have you ever been convicted for violating any law, statute, or ordinance (excluding minor traffic violations and matters that were sealed or expunged)? (If yes, you must submit all documentation, as outlined above.) Yes No	
7. Are you identified on any state or national sex offender registry? (If yes, you must submit all documentation, as outlined above.) O No Yes No	
Next Add more upload	documents

Review the exam you will be assigned to. Click the **Next** button.



CRCC Exam Registration

You will automatically be assigned to the following exam:

July 2021 CRC Exam 07/09/2021 - 07/17/2021



CRCC provides test accommodations for candidates who require them during the exam.

Review the information about accommodations in the CRC Certification Guide.

If you require accommodations, click the **Yes** button.



Exam Accommodations Question

Do you need test accommodations?



If you require accommodations, complete the online form.



CRCC Exam Accommodations Form

Complete this form only if you answered YES to the accommodation question. In addition to completing and signing this form, you must also submit documentation from a qualified professional verifying your functional impairment. This documentation must also include a diagnosis and the qualified professional's recommendation for accommodation. See the CRC Certification Guide for more information on documenting a request. The guide is available on CRCC's website at www.crccertification.com.

If all required documentation is not submitted with your application, your file will be incomplete. Therefore, you will not be eligible to sit for the examination for which you applied. You will be given an opportunity to complete your file in order to be considered during the next examination cycle.

Information regarding test accommodation decisions will not be released via telephone. All official communications regarding your request will be provided in writing.

Cognitive (Serious difficulty concentrating, remembering, or making decisions because of a physical, mental or emotional condition)	
Hearing (Deaf or serious difficulty hearing)	
Orthopedic or Physical (Difficulty walking, ambulating, lifting, grasping, manipulating, or serious or extreme lack of range of motion in any joints)	
Visual (Blind or serious difficulty seeing)	
Other	

Indicate the accommodation(s) you are requesting. Note that accommodation(s) must be appropriate to the functional limitation(s) that exist as a result of your disability and must be supported by documentation from a qualified professional. When selecting accommodation(s), be advised the CRC Exam consists of multiple-choice questions only. Approved accommodations are arranged by CRCC's testing vendor, except where noted below as "applicant-supplied," and will be available at the testing center at the time of the applicant's scheduled appointment.

Complete the entire form. At the bottom of the page, type your name in the **Signature of Applicant** field. Click the **Next** button.

If extra time was given, note how much:		
	Exam #2	
Examination:		
Exam month:		
Exam year:		
Accommodation(s) received		
If extra time was given, note how much		
accommodation, of my Person	nal Health Information to the Commission	e, and correct. Further, I hereby consent to the release and disclosure, by the professional who has verified my disability and need for n on Rehabilitation Counselor Certification (CRCC) for the purpose of allowing CRCC to make a determination regarding my request sonable commercial methods to help ensure that my Personal Health Information provided to CRCC is treated as confidential.
Signature of Applicant	Susan Stark	
		Next

See the CRC Certification Guide for information about the documentation required.

Upload the documentation and add a brief description (e.g., physician's letter).

Click the **Save** button or **Save and add another** button if you have multiple documents.

If you do not have this documentation saved to your computer's desktop, you may return to your application to add this documentation at a later date.

CRCC			Welcome, Susan. You are signed in.
COMMISSION ON REHABILITATION COUNSELOR CERTIFICATION			
Exam Accommodations Supp	porting Document Upload		
File	Choose File No file chosen		
	Required		
Description			
	Required		
			Save Save and Add Another
			Save and Add Another

Add the Application fee to your Shopping Cart By clicking the **Checkout** button.



Add to Cart

Product Name: Certification Fee

Price: 410.00

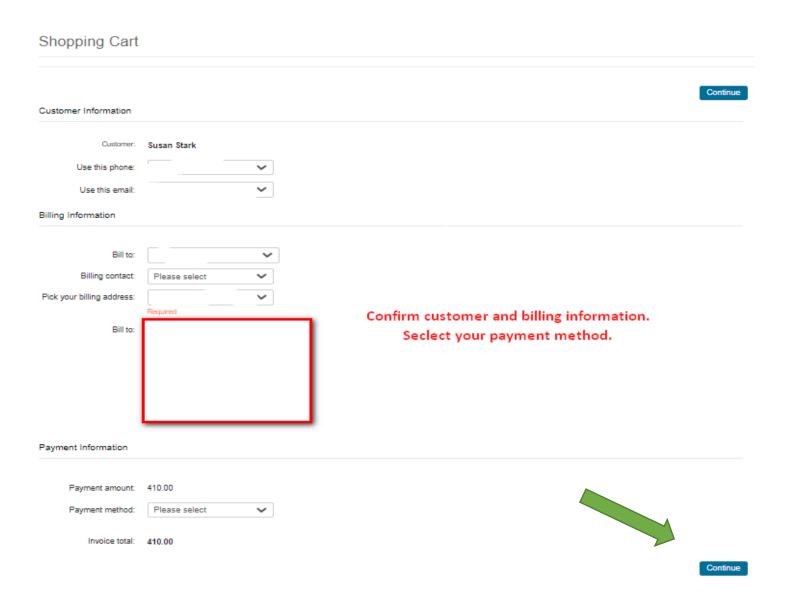


Confirm that you have the Certification Fee in your Shopping Cart. Click the **Checkout** button.

Shopping Cart

Snopping Cart							
							Checkout
CRCC Shopping Cart							×
Item		Price	Discount	Net total	Paid Amount	Balance Due	
Certificat	tion Fee	410.00 Required	0.00	410.00	0.00	410.00	
Cart Total							
Subtotal:	410.00						
Total discount:	0.00						
Net Total:	410.00						
Total Paid:	0.00						
Balance Due:	410.00						
Discounts: Enter Discou	unt Code (if applicable)						
Discount:							
	apply						Checkout

Confirm your name and billing information. Select your payment method. Click the **Continue** button.



Confirm your order and click the **Submit Order** button to complete your payment.

You should receive an e-mail confirmation of your payment.

Questions?

Please contact CRCC at 847-944-1325 or info@crccertification.com CRCC staff is here to support you.