



COMMISSION ON REHABILITATION
COUNSELOR CERTIFICATION

Category 1 - Student Enrolled in a CACREP- Accredited Master's 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 CACREP-accredited Rehabilitation Counselor Education or Clinical Rehabilitation Counseling program. 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 1. This category is available to students who are enrolled in a master's degree program in Rehabilitation Counselor Education or Clinical Rehabilitation Counseling accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

The student applying under this category 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

INFORMATION SUPPLIED BY FACULTY ADVISOR

Indicate the month and year this individual will graduate (mm/yyyy): _____

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

_____ 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. 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 or Clinical Rehabilitation Counseling 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 on page 1 and will have completed 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 are consistent with CACREP's standards and 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.