



COMMISSION ON REHABILITATION  
COUNSELOR CERTIFICATION

## Category 2 – Student Enrolled in a Non-CACREP Accredited Program

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

### Internship Supervision Verification Form

#### **Supervisor 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 Section 2 of this form titled "Information Supplied by Supervisor." \*
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.

\*A supervisor may include estimated data if the student has not finalized their rehabilitation counseling internship.

#### Applicant Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Former Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (Required) \_\_\_\_\_

**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: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

## Information Supplied by Supervisor

---

Indicate total number of clock hours completed at this site: \_\_\_\_\_

Dates of internship: From: \_\_\_\_\_ 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\*: \_\_\_\_\_

### Indicate the client population served:

Check if served population	Population	% of total case load
<input type="checkbox"/>	Sensory Disabilities	
<input type="checkbox"/>	Developmental Disabilities	
<input type="checkbox"/>	Neurological Disorders	
<input type="checkbox"/>	Physical Disabilities	
<input type="checkbox"/>	Psychiatric Disabilities	
<input type="checkbox"/>	Learning Disabilities	
<input type="checkbox"/>	Substance Dependencies	
<input type="checkbox"/>	Other	

**Total percentage for this section must equal and not exceed 100%:** \_\_\_\_\_

\*The above percentages may be estimated if the student has not finalized the rehabilitation counseling internship.

**Applicant Name:** \_\_\_\_\_

## 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. Must include the minimum 10% requirement.
- 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 combination of the time spent in these SEVEN activities must be no less than 40%.

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

<b>Counseling Activity</b>	<b>Check if performed in position</b>	<b>Check if NOT performed in position</b>	<b>Percent of time spent on the activity</b>
Counseling (must include a minimum 10%)	<input type="checkbox"/>	<input type="checkbox"/>	
<i><b>Case Management</b></i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i><b>Client Assessment</b></i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i><b>Service Planning for Individuals with Disabilities</b></i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i><b>Rehabilitation Services Coordination</b></i>	<input type="checkbox"/>	<input type="checkbox"/>	
Job Analysis	<input type="checkbox"/>	<input type="checkbox"/>	
Job Development/Placement	<input type="checkbox"/>	<input type="checkbox"/>	
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	

**Total percentage for this section must be 50% (minimum 10% Counseling,  $\geq$  40% in the other SEVEN areas), and not exceed 100%)**

\*The above percentage may be estimated if the student has not finalized the rehabilitation counseling internship.



**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: \_\_\_\_\_ Customer #: \_\_\_\_\_

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