



COMMISSION ON REHABILITATION
COUNSELOR CERTIFICATION

Category 3 – Graduate in Related Field: Employment Verification for Educators

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

Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

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 under the supervision of a CRC. Please complete this 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): _____

Information Supplied by Rehabilitation Counseling or Clinical Rehabilitation Counseling Program

Employer Instructions:

The individual named above is applying for the CRC exam. An applicant's eligibility can only be evaluated if this verification form is completed. All educators who apply for certification must have their employment verified by the head of the department in which the university's rehabilitation counseling (RC) or clinical rehabilitation counseling (CLRC) program is housed.

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.

Applicant Name: _____

College/University Name: _____

Address: _____

Dates of employment: From: _____ To: _____ (mm/dd/yyyy)

Applicant's official job title: _____

Please check the amount of time during the appropriate academic year that the applicant was employed as a full-time Educator in a rehabilitation counseling (RC) or clinical rehabilitation counseling (CLRC) program:

Semesters: 4 6 8 12 Other (specify): _____

Quarters: 4 6 8 12 Other (specify): _____

12-month contract: 4 6 8 12 Other (specify): _____

Did the applicant supervise students as part of their academic employment? Yes No

Did the applicant provide direct clinical work to individuals with disabilities as defined by CRCC*?

Yes No Do Not Know

I certify that the information I have provided is accurate. 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)

Relationship to applicant during this employment period (Supervisor, employer, or specify if other):

*The term "individuals with disabilities" is defined by CRCC to include individuals who have limitations in life functioning (e.g., school, work, independent living, mobility) as a result of conditions such as sensory impairments, mental illnesses, developmental disabilities, learning disabilities, neurological disorders, chemical dependencies, and/or physical disabilities.

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

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