



Category 3 – Graduate of Related Field: Internship Supervision Verification Form

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

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/review this form.
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.

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: _____ Applicant Date: _____

Applicant Name:

Information Supplied by Supervisor

Total number of clock hours completed at this site:

Dates of internship: From (mm/dd/yyyy):

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: _____

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

Counseling Activity	Check if performed in position	Check if NOT performed in position	Percent of time spent on the activity
Counseling (must include a minimum 10%)	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Case Management</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Client Assessment</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Service Planning for Individuals with Disabilities</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Rehabilitation Services Coordination</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, ≥ 40% in the other SEVEN areas), and not exceed 100%)

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: _____ CRC #: _____

Applicant: Please return to My Account on the CRCC website to upload this completed form.
All pages must be included.

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