

Category 3 – Graduate of a Related Field: Self-Employment Verification Form

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 internship. My application cannot be processed until this information is received.

Signature of CRC: _____ Applicant Date: _____

Information Supplied by Purchaser

Purchaser Instructions:

The individual named above is applying for the CRC exam. The applicant has indicated that he or she provided rehabilitation counseling services to you, your clients, or your organization. An applicant's eligibility can only be evaluated if this verification form is complete.

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: _____

Purchaser Information:

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

Former Name (if applicable): _____

Company Name: _____

Company Address: _____

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

Hours worked per week: _____

Applicant's official job title: _____

Did the applicant provide direct rehabilitation counseling services to individuals with disabilities?

Yes No

Average number of cases served by applicant on an ongoing basis (i.e. caseload): _____

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%: _____

Applicant Name: _____

Summarize this individual’s primary responsibilities while under your supervision:

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 total percentage for the section below must be 50% (minimum 10% counseling, > 40% in the other 7 areas), and not exceed 100%.

Activity 1: Counseling (minimum requirement 10%)

Provides individual counseling services. Yes No

Provides group counseling services. Yes No

Provides family counseling services. Yes No

Counsels clients to select jobs consistent with their disabilities. Yes No

Develops mutually agreed-upon vocational rehabilitation goals with the client. Yes No

Uses counseling techniques (e.g., reaction, interpretation, summarization) to facilitate client self-exploration. Yes No

Applies psychological and social theories to develop strategies for counseling intervention. Yes No

Adjusts counseling approaches or style according to client’s cognitive and personality traits. Yes No

Percentage of workweek applicant spends in these activities:

Applicant Name: _____

Activity 2: Case Management

Prepares concise written reports in a comprehensive, timely fashion. Yes No

Utilizes a Management Information System to provide updates of appropriate information to all concerned parties. Yes No

Responds to legal, societal, and economic changes in the environment that affect the client. Yes No

Acts as a liaison to the community. Yes No

Coordinates services of other professionals and resources as required. Yes No

Maintains appropriate confidentiality and informs all parties as to the limits of confidentiality. Yes No

Percentage of workweek applicant spends in these activities:

Activity 3: Client Assessment	Yes	No
Gathers information about the client from relevant sources (e.g., the client, guardian, family members, professionals, employers).		
Assesses the significance of the client’s disabilities in terms of medical, psychological, educational, and family status.		
Uses the client’s diagnostic information (e.g., tests, vocational and educational records, medical reports, etc.) in the assessment process.		
Determines client assessment needs, administers evaluation instruments or techniques, or makes referrals for such administrations.		
Explains assessment results to the client.		
Integrates assessment data to describe the client’s residual capacities for rehabilitation planning purposes.		
Makes recommendations based on comprehensive client assessment information.		
Recognizes psychological problems (e.g., depression, suicidal tendencies) requiring consultation or referral.		
Consults medical professionals regarding the client’s functional capacity, prognosis, and treatment plan.		
Reviews medical information with clients to determine the vocational implications of their functional limitations.		
Maintains appropriate confidentiality and informs all parties as to the limits of confidentiality.		
PERCENTAGE of workweek applicant spends in these activities.		

Applicant Name: _____

Activity 4: Service Planning for Individuals with Disabilities	Yes	No
Develops a written rehabilitation plan that is consistent with client needs and goals, assessment results, legal mandates, and ethical considerations.		
Coordinates activities of all individuals, agencies and organizations involved in the written rehabilitation plan.		
Integrates diagnostic information received from various sources.		
Monitors progress toward goals specifically set forth in the rehabilitation plan.		
Evaluates the plan at appropriate intervals to determine the plan's effectiveness in reaching desired outcomes.		
Modifies the written plan when needed to maintain its effectiveness.		
Collaborates with other providers to coordinate services effectively.		
Refers the client to qualified specialists in order to obtain the most timely and cost-effective services.		
PERCENTAGE of workweek applicant spends in these activities.		

Activity 5: Rehabilitation Services Coordination	Yes	No
Monitors the client's progress in the rehabilitation process.		
Provides an overview of the client's needs to cooperating individuals, agencies, and organizations.		
Designs intervention strategies appropriate for the client's needs, goals, and functional capacity.		
Obtains necessary data to determine the cost of and the time required for rehabilitation services.		
Explains services and resources (including limitations) to the client.		
PERCENTAGE of workweek applicant spends in these activities.		

Activity 6: Job Analysis	Yes	No
Makes on-site observations and evaluations to determine the physical and mental tasks that comprise the essential functions of the job.		
Determines the skills needed to perform the essential functions of the job.		
Evaluates the job activities at the work site to determine if modifications of work activities are needed and are feasible.		
Recommends modifications and resources to accommodate the client's needs.		
PERCENTAGE of workweek applicant spends in these activities.		

Applicant Name: _____

Activity 7: Job Development/Placement	Yes	No
Instructs clients in job seeking skills and in preparing for job interviews (e.g., attire, hygiene, applications, interviewing skills).		
Determines level of intervention, support, and counseling needed for successful job placement (e.g., job club, supported employment, on-the-job training, job accommodation).		
Uses the Occupational Outlook Handbook, the Dictionary of Occupational Titles, or O*NET, and other occupational resources.		
Applies information on current labor market trends to the tasks of locating, obtaining, and retaining employment, and maximizing earning potential for persons with disabilities.		
Uses standard methods to analyze tasks of a job.		
Recommends job task modifications to accommodate the client’s functional limitations.		
Provides prospective employers with appropriate information on client skills.		
Provides employers with information and help in obtaining incentives to encourage the employment of clients.		
Monitors the client’s post-employment adjustment to determine need for additional services.		
Provides or coordinates post-employment services.		
PERCENTAGE of workweek applicant spends in these activities.		

Activity 8: Advocacy	Yes	No
Provides information to individuals concerning their rights and responsibilities.		
Assists individuals in determining eligibility for benefits and services and facilitates the attainment of appropriate benefits and services.		
Communicates with systems and structures to support the goals of individuals with disabilities.		
Identifies attitudinal and environmental barriers.		
Monitors legislation, rules, and policies to identify the impact on individuals with disabilities.		
Provides information to groups, agencies, organizations, social structures, and legislative bodies to facilitate the acknowledgement and/or change of identified barriers.		
Provides individuals with the skills and support necessary for effective self- advocacy.		
PERCENTAGE of workweek applicant spends in these activities.		

Applicant Name: _____

I hereby attest that the applicant named in this verification form provided rehabilitation counseling services as a self-employed provider to the types of clients indicated on this form. The information given here is an accurate representation of the kinds of services provided by the applicant. 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)

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

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