

CRCC

CONTINUING EDUCATION PRE-APPROVAL MANUAL

FOR

ORGANIZATIONS PROVIDING CONTINUING EDUCATION

TO

CERTIFIED REHABILITATION COUNSELORS (CRCs)
CANADIAN CERTIFIED REHABILITATION COUNSELORS (CCRCs), AND
CRCs HOLDING A MASTER ADDICTIONS COUNSELOR (MAC) OR CLINICAL
SUPERVISOR (CS) ADJUNCT DESIGNATION

EFFECTIVE FOR PROGRAMS OFFERED AND COMPLETED
IN CALENDAR YEAR 2007

Commission on Rehabilitation Counselor Certification

Department 4427

Carol Stream, IL 60122-4427

(847) 944-1325

<http://www.crccertification.com>



Accredited by the National Commission for Certifying Agencies

Introduction

The Commission on Rehabilitation Counselor Certification (CRCC) is committed to developing and maintaining exemplary standards of practice for professionals who practice rehabilitation counseling. The Commission strives to elevate the quality of services provided to consumers so each and every professional takes pride in his or her chosen field, and so each and every consumer receives services that enhance his or her vocational opportunities.

Hence, CRCC believes that individuals certified as rehabilitation counselors (CRCs, CCRCs, CRC-MACs, CRC-CSs, and CRC-MAC-CSs) should continue to expand their skills in order to enhance the quality of the services they provide. Therefore, CRCC's certification renewal requirements are designed to encourage rehabilitation counselors to continue their professional education through the attainment of continuing education in order to help them serve their clients more effectively.

While certified individuals have the option to achieve certification renewal through passing the examination, continuing education is much more frequently used as a method of certification renewal. Those who choose to renew through continuing education are required to achieve 100 clock hours within the five-year period of certification, 10 of which must be in ethics.

In order to maintain a high quality of continuing education opportunities, CRCC has a pre-approval process for continuing education programs/activities. Organizations that sponsor continuing education and training are encouraged to seek pre-approval of their programs/activities, which signifies to all certified individuals that the programs/activities are appropriate to use toward meeting the requirements of their certification renewal program.

This Continuing Education Pre-Approval Manual is designed to describe the requirements and procedures involved for those organizations that wish to seek pre-approval of their programs/activities.

Approval Categories

Standard Approval Category

All Organizations Seeking Pre-Approval of Continuing Education Opportunities – Any organization that does not otherwise qualify or that does qualify but does not wish to take part in any of the alternative approval processes. Organizations are subject to a \$50 fee per program/activity. Individual applications and payment of the fee must be made for each program/activity.

Alternative Approval Categories

Employers Providing In-service Training – Organizations are limited to employers that provide in-service training solely to their employees and at no charge to their employees. Organizations are subject to a quarterly fee of \$50.00 and must submit applications for each training session directly to CRCC in order that CRCC may issue approval numbers. Quarterly applications must be made and must include the programs for that quarter.

Appointing Organizations – Organizations are limited to appointing organizations of CRCC. Organizations are granted full approval authority at a cost of \$200 per calendar year for programs they offer. Annual applications and reports must be filed. Organizations cannot issue approval to any other vendors offering continuing education.

Education, Training, and Research Programs – Organizations limited to CORE-Accredited Rehabilitation Counselor Education Programs, State Agency Divisions for Vocational Rehabilitation/State Agencies for the Blind and Visually Impaired, the Federal Department of Veterans Affairs, Research and Training Programs, and Regional Continuing Education Programs. Organizations are granted full approval authority at no fee for programs they offer. Annual applications and reports must be filed. Organizations cannot issue approval to any other vendors offering continuing education.

Approval Requirements

Regardless of the category under which an organization applies for pre-approval, and regardless of whether CRCC grants the approval or whether an organization is granted that authority, the following requirements must be met prior to the granting of approval and issuing of an approval number.

- The program must be no less than one clock hour in duration. A clock hour is defined as 60 minutes of instruction time and excludes coffee breaks, social hours, meals, etc.
- The focus of the program must be to increase the participant's knowledge of or skill in the practice of rehabilitation counseling. To be approved, a program must clearly meet one of the domain focus areas for continuing education.
- The purpose of the program must be clearly defined in terms of expected outcomes/learning objectives.
- The program must include an evaluation component completed by the participants. This is an evaluation of the program's value – not an assessment of the participant's learning skills.
- It is CRCC's philosophical belief that all programs must be held in accessible, barrier-free locations so that no one with a disability is excluded from participation. CRCC strongly encourages all programs to comply with relevant federal, state/provincial, and local laws related to serving individuals with disabilities.

Approval Process

CRCC reserves the right to monitor the programs and activities for which it has granted approval and to withdraw its approval from any program or activity that is offered or presented in a manner that is inconsistent with approval requirements. The approval process is as follows:

- The application consistent with the approval category under which an organization is seeking approval must be completed in full and the requested documentation must be attached along with the appropriate fee. Applications are located in the back of this manual, which is also available at www.crc certification.com. **Any application submitted that is not accompanied by the appropriate fee and/or required materials will be returned.**
- Approval must be obtained/granted for each program/activity. For example, an in-service training program that is two hours in length and given on one day is considered one program/activity. Likewise, a conference consisting of a variety of sessions given over a period of three days is also considered one program/activity. Any sessions meeting the ethics domain focus area must be highlighted separately and a separate approval number sought/granted.
- Applications under the Standard Approval Category must be postmarked 30 days prior to the initiation date of the program/activity in order to guarantee CRCC's review and approval before the program date. Applications received with less than a 30-day lead-time will be reviewed on a first come, first serve basis and will require a \$50.00 late application fee, but it cannot be guaranteed that approval will be granted prior to the program date.
- Applications under the Alternative Approval Categories must be submitted by the timeframe indicated on the application. Applications received after the timeframe will be subject to the late application-processing fee of \$50.00.
- Approval for any continuing education program/activity is valid for the timeframe indicated on the application, provided that no substantive changes are made to the content or format of the program/activity.
- Programs/activities for which approval is granted will be considered pre-approved for individuals holding a CRC, CCRC, CRC-MAC, CRC-CS, or CRC-CS-MAC certification.

Issuing the Approval Number

Organizations seeking approval under the Standard Approval Category or employers seeking approval of their in-service training sessions will be provided with an approval number(s) and a sample verification of completion form. The verification of completion form distributed to each participant must contain the approval number(s) as well as all other descriptors located in the sample verification of completion form. The verification of completion form is to be distributed only at the close of the program/activity. The assigned approval number(s) is not to be printed on any general distribution handouts or mailing information.

Organizations applying under Alternative Approval Categories that allow them to issue approval numbers for their activities will be provided with instructions on how to issue accurate approval numbers and will be provided with a sample verification of completion form. The individual granting approval must be a CRC or CCRC. The verification of completion form distributed to each participant must contain the approval number(s) as well as all other descriptors located in the sample verification of completion form. The verification of completion form is to be distributed only at the close of the program/activity. The assigned approval number(s) is not to be printed on any general distribution handouts or mailing information.

Ethics Definition

In order to be classified in the Ethics focus area, the content of the program must convey specific behavior that is related back to, preferably, the CRCC Code of Professional Ethics for Rehabilitation Counselors or, alternatively, the ACA Code of Ethics and Standards of Practice. Appropriate subject matter must relate to rehabilitation counseling and must include one of the following:

- the counseling relationship
- confidentiality
- professional responsibility
- relationships with other professionals
- evaluation, assessment, and interpretation
- teaching, training, and supervision
- research and publication
- electronic communication/emerging applications
- business practices
- resolving ethical issues

Criteria for CE Offered Solely Through Written Means

Continuing education offered solely through written means (e.g., home study courses) is subject to application of the following criteria where the course/article must meet the minimum number of words/questions in order to obtain the stated number of hours.

Number of Words	Number of Multiple-Choice Questions	Number of Hours Approved
Up to 10,000	10	2
10,000-20,000	15	4
20,000-30,000	20	6
Every 10,000 Thereafter	5 Additional Questions	2 Additional Hours

Articles that appear in a peer-reviewed journal where the article is read and a minimum of five questions are answered and submitted for credit are awarded a flat 3 clock hours.

If the organization requesting approval is dissatisfied with the number of hours awarded, provided that the number of hours awarded is a minimum of 15 hours, the organization may request a review by the Standards and Credentials Committee. The burden to prove why additional hours should be awarded remains with the organization requesting approval.

Program Review Fee

Review fees are categorized according to the Approval Category under which an organization applies and under which they are qualified. See the following chart to identify the applicable fee.

Category*	Fee**
Standard Approval Category	\$50.00 Per Program/Activity
Employers Providing In-Service Training	\$50.00 Per Quarter
Appointing Organizations	\$200.00 Per Calendar Year
Education, Training, and Research Programs	No Charge

* See approval categories on page one.

**All fees are non-refundable. An additional processing fee of \$50.00 applies to those organizations requesting priority processing. Priority processing is considered to be requests for processing within two weeks of receipt. Likewise, a late application-processing fee of \$50.00 applies to those organizations requesting processing of applications subsequent to the deadline stated on the application.

Domain Focus Areas for Continuing Education

The following areas constitute the domain focus areas that are appropriate for continuing education for rehabilitation counselors. Headings in bold denote the domain focus areas while those indented below further explain the areas related to the domain focus area.

Ethical Standards or Decision Making Models for Rehabilitation Counselors

Vocational Consultation and Employer Services

- Employer practices that affect the employment or return to work of individuals with disabilities
- Ergonomics
- Job modification and restructuring techniques
- Job analysis
- Consultation services available from rehabilitation counselors for employers
- Methods and techniques used to conduct labor market surveys
- Work conditioning or work hardening resources and strategies
- Accommodation and rehabilitation engineering services
- Marketing strategies and techniques for rehabilitation services
- The workplace culture and environment

Job Development and Placement Services

- Employer development and job placement
- Client job seeking skills development
- Client job retention skills
- Job placement strategies
- Job and employer development
- Follow-up/post employment services
- Occupational and labor market information
- Vocational implications of functional limitations associated with disabilities

Career Counseling and Assessment Techniques

- Tests and evaluation techniques available for assessing client's needs
- Computer-based counseling tools in rehabilitation counseling
- Computer-based job-matching systems
- Interpretation of assessment results for rehabilitation planning purposes
- Internet resources for rehabilitation counseling
- Assistive technology
- Theories of career development and work adjustment
- Transferable skills analysis

Mental Health Counseling

- Mental health and psychiatric disability concepts
- Rehabilitation techniques for individuals with psychological disabilities
- Treatment planning for clinical problems (e.g., depression and anxiety)
- Substance abuse and treatment
- Human sexuality and disability issues
- Wellness and illness prevention concepts and strategies

Group and Family Counseling

- Family counseling theories
- Family counseling practices and interventions
- Group counseling practices and interventions
- Group counseling theories

Individual Counseling

- Individual counseling theories
- Individual counseling practices and interventions
- Behavior and personality theory
- Human growth and development

Psychosocial and Cultural Issues in Counseling

- The psychosocial and cultural impact of disability on the family
- The psychosocial and cultural impact of disability on the individual
- Multicultural counseling issues
- Gender issues
- Societal issues, trends, and developments as they relate to rehabilitation
- Techniques for working with individuals with limited English proficiency

Foundations and Professional Issues

- The design of research projects, program evaluation and needs assessment approaches
- Basic research methods
- The history of rehabilitation
- The philosophical foundations of rehabilitation
- The evaluation procedures for assessing the effectiveness of rehabilitation services and outcomes
- Theories and techniques of clinical supervision
- Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients
- The legislation or laws affecting individuals with disabilities

Rehabilitation Services and Resources

- Supported employment strategies and services
- School to work transition for students with disabilities
- The services available for a variety of rehabilitation populations, including persons with multiple disabilities
- Planning the provision of independent living services with clients
- Financial resources for rehabilitation services
- Community resources and services for rehabilitation planning
- Social Security programs, benefits and disincentives
- The organizational structure of the public vocational rehabilitation service delivery system
- Rehabilitation services in diverse settings
- The organizational structure of the not-for-profit service delivery systems

Case and Caseload Management

- Case management process and tools
- Case recording and documentation
- Principles of caseload management
- Professional roles, functions, and relationships with other human service providers
- Clinical problem-solving and critical-thinking skills
- Negotiation and conflict resolution strategies
- The case management process, including case finding, service coordination, referral to and utilization of other disciplines, and client advocacy
- Techniques for working effectively in teams and across disciplines

Healthcare and Disability Systems

- Managed care concepts
- Health care delivery systems
- Employer-based disability prevention and management strategies
- Workers' compensation laws and practices
- Techniques for evaluating earnings capacity and loss
- Expert testimony
- Life care planning
- The organizational structure of the private-for-profit vocational rehabilitation systems
- Healthcare benefits
- Appropriate medical intervention resources

Medical, Functional and Environmental Implications of Disabilities

- Environmental barriers for individuals with disabilities
- The physical/functional capacities of individuals with disabilities
- Medical aspects and implications of various disabilities
- Rehabilitation terminology and concepts
- Medical terminology
- Attitudinal barriers for individuals with disabilities

Addictions Counseling

- Foundations of addictions counseling
- Addictions diagnosis/assessment
- Clinical addictions counseling
- Addictions counseling and special populations
- Co-existing disabilities where an addiction is one of the disorders
- Group counseling with persons who have addictions disorders
- Family assessment, counseling, and other rehabilitation services
- Vocational rehabilitation services
- Case management
- Addictions prevention, education, and consultation
- Professional responsibility
- Research
- Administration and supervision of drug rehabilitation programs

Clinical Supervision

- Supervision process
- Roles and functions of clinical supervision
- Models of clinical supervision
- Counselor development
- Methods and techniques of clinical supervision
- Supervisory relationship issues
- Diversity issues in clinical supervision
- Group supervision
- Legal and ethics issues in clinical supervision
- Evaluation of supervisory competence and the supervision process

RECOMMENDED CITATION

Commission on Rehabilitation Counselor Certification. (2007). *Continuing Education Pre-Approval Manual For Organizations Providing Continuing Education To Certified Rehabilitation Counselors (CRCCs), Canadian Certified Rehabilitation Counselors (CCRCs), and CRCs Holding A Master Addictions Counselor (MAC) Or Clinical Supervisor (CS) Adjunct Designation*. Retrieved [date] from, http://www.crc certification.com/pages/20ce_provider.html



All priority mail (requires an additional \$50 processing fee) with application fee must be mailed to:
Commission on Rehabilitation Counselor Certification
 300 N. Martingale Road, Suite 460
 Schaumburg, IL 60173
 (847) 944-1325

To avoid delay in processing, all other applications (with standard fee) must be mailed to:
Commission on Rehabilitation Counselor Certification
 Department 4427
 Carol Stream, IL 60122-4427
 (847) 944-1325

STANDARD APPROVAL CATEGORY APPLICATION

Organizations seeking pre-approval of continuing education opportunities that do not otherwise qualify for, or that do qualify for but do not wish to take part in any of the alternative approval processes, must complete this two-page application for each program/activity.

Applications must be submitted **30 days** preceding the date of the program/activity. Indicate whether you are requesting priority or submitting a late application-processing fee. (See page 3 for additional information.)

- Priority Processing Requested.** Requires payment of additional processing fee of \$50.00.
 Late Application Processing Requested. Requires payment of additional processing fee of \$50.00.

Organization Information

Organization Offering Program/Activity	Sponsor Code (if known)
Address	Telephone Number
City/State or Province/Zip or Postal Code	Facsimile Number
Program Contact Person	Organization Website

Program/Activity Information

Program/Activity Title	Location
Actual Number of Clock Hours of Training (excluding breaks)	Date(s) of Training

Indicate Cost to Participants: _____

Length of Training in Days (Circle One): 1 2 3 4 5 6 7 8

Number of Participants Expected (Circle One): 1-25 26-50 51-100 101-150 150+

- Type of Instruction: 1-Multi-day Conference 3-Home Study
 2-Seminar/Workshop 4-College/University Course
 5-Internet

If Solely in Written Format: Indicate Number of Words _____ Indicate Number of Questions _____



To avoid delay in processing, applications being returned with payment must be sent to:

Commission on Rehabilitation Counselor Certification
Department 4427
Carol Stream, IL 60122-4427
(847) 944-1325

All other correspondence should be mailed to:

Commission on Rehabilitation Counselor Certification
300 N. Martingale Road, Suite 460
Schaumburg, IL 60173
(847) 944-1325

APPLICATION FOR EMPLOYERS PROVIDING IN-SERVICE TRAINING

Employers that provide in-service training solely to their employees and at no charge to their employees must complete this two-page application and submit payment in the amount of \$50.00 for each quarter (i.e., January-March, April-June, July-September, or October-December).

Check the quarter and year for which approval is being sought. A separate application is required for each quarter.

Quarter: 1st Quarter (Jan-Mar) 2nd Quarter (Apr-Jun) 3rd Quarter (Jul-Sep) 4th Quarter (Oct-Dec)

Year: 2007 Other (Specify): _____

Applications must be submitted **30 days** preceding the quarter for which approval authority is being sought. A late application-processing fee of \$50.00 will be applied for applications submitted less than 30 days before the quarter. Indicate if you are submitting a late application-processing fee by checking the box below.

Late Application Processing Requested. Requires payment of a processing fee of \$50.00.

Organization Information

Organization Offering Programs/Activities

Sponsor Code (if known)

Address

Telephone Number

City/State or Province/Zip or Postal Code

Facsimile Number

Program Contact Person

Organization Website

Documentation to be Attached

1. If solely in written format, include a copy of the course and indicate number of words/questions.
2. **An outline or agenda of each program/activity to include a breakdown of clock hours.**
3. In addition to items one or two above, as applicable, a list of the programs/activities to be offered during the quarter for which approval is being sought. The list must include:
 - o The program/activity title.
 - o The location where the program/activity occurred.
 - o The actual number of clock hours of training (excluding breaks).
 - o The date(s) of training.
 - o The length of training in days.



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Carol Stream, IL 60122-4427
(847) 944-1325

All other correspondence should be mailed to:

Commission on Rehabilitation Counselor Certification
300 N. Martingale Road, Suite 460
Schaumburg, IL 60173
(847) 944-1325

APPLICATION FOR APPOINTING ORGANIZATIONS

Organizations that appoint representatives to sit on the board of CRCC must complete this two-page application and submit payment in the amount of \$200.00 in order to receive full approval authority for one calendar year.

Applications must be submitted by **December 1** of the calendar year preceding the year for which approval authority is being sought. A late application-processing fee of \$50.00 will be applied for applications submitted after this date. Indicate if you are submitting a late application-processing fee by checking the box below.

Late Application Processing Requested. Requires payment of a processing fee of \$50.00.

Organization Information

Organization Offering Programs/Activities _____

Sponsor Code (if known) _____

Address _____

Telephone Number _____

City/State or Province/Zip or Postal Code _____

Facsimile Number _____

Individual Granting Approvals (Must be a CRC or CCRC) _____

Organization Website _____

Documentation to be Submitted At the End of the Calendar Year

- ◆ A list of the programs/activities approved during the calendar year for which approval is granted to include the following information for each program/activity:
 - The program/activity title.
 - The location where the program/activity occurred.
 - The approval number issued for each program/activity.

Payment Information

CHECKS: Checks must be made payable to CRCC and returned with a completed application and required documentation. A service fee of \$35.00 will be assessed for all checks returned for insufficient funds or for charges made to closed accounts. CRCC's tax identification number is 36-3733179.

CREDIT CARD PAYMENT: All charges for CRCC are processed through the Foundation for Rehabilitation Education and Research. The Foundation will appear on your credit card payment. Complete this section if you wish to charge the fees due to your VISA or MasterCard.

Charge U.S. \$ _____ to my VISA MasterCard

Card # _____ Expiration Date _____

Signature _____ Date _____

Statement of Understanding

I hereby certify that I have read, understand, and agree to abide by the requirements as stated within the Continuing Education Pre-Approval Manual. Furthermore, I certify that I have completed the application and will submit the required documentation for the calendar year for which approval is granted by January 31 of the following calendar year.

I understand that CRCC reserves the right to monitor programs/activities for which continuing education approval has been granted and to withdraw such approval for any program/activity that is offered or presented in any manner that is inconsistent with the approval requirements. Furthermore, I understand that CRCC reserves the right to withdraw approval rights from any organization that does not issue approval consistent with the approval requirements. Actions subject to withdrawal of approval rights includes but is not limited to issuing approval numbers for programs/activities offered by other organizations.

I agree to require and review documentation for each program/activity to include the following in order to ensure that the program/activity is consistent with approval requirements:

- ◆ One copy of promotional material such as direct mail flyer or marketing brochure.
- ◆ A description of the program/activity content area if not contained within the promotional material.
- ◆ A copy of the evaluation form to be given to participants.

I also agree to ensure that the program/activity meets at least one of the following domain focus areas:

- | | |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ethical Standards or Decision Making Models for Rehabilitation Counselors (13) | <input type="checkbox"/> Foundations and Professional Issues (08) |
| <input type="checkbox"/> Vocational Consultation and Employer Services (01) | <input type="checkbox"/> Rehabilitation Services and Resources (09) |
| <input type="checkbox"/> Job Development and Placement Services (02) | <input type="checkbox"/> Case and Caseload Management (10) |
| <input type="checkbox"/> Career Counseling and Assessment Techniques (03) | <input type="checkbox"/> Healthcare and Disability Systems (11) |
| <input type="checkbox"/> Mental Health Counseling (05) | <input type="checkbox"/> Medical, Functional and Environmental Implications of Disabilities (12) |
| <input type="checkbox"/> Individual Counseling (06) | <input type="checkbox"/> Addictions Counseling (14) |
| <input type="checkbox"/> Psychosocial and Cultural Issues in Counseling (07) | <input type="checkbox"/> Clinical Supervision (15) |

When issuing approval numbers, I agree to ensure that a separate approval number is issued to any programs/activities that are consistent with the focus area for Ethical Standards or Decision Making Models for Rehabilitation Counselors.

I also understand that any approvals granted are valid for only one calendar year (January 1 through December 31). If the program/activity is changed in any way during that year, I agree to issue another approval number, provided the program/activity meets the requirements.

Authorized Signature

Date

Printed Name

Title



All applications being returned with *late fees* must be mailed to:

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Department 4427
Carol Stream, IL 60122-4427
(847) 944-1325

All other applications should be mailed to:

Commission on Rehabilitation Counselor Certification
300 N. Martingale Road, Suite 460
Schaumburg, IL 60173
(847) 944-1325

APPLICATION FOR EDUCATION, TRAINING AND RESEARCH PROGRAMS

CORE-Accredited Rehabilitation Counselor Education Programs, State Agency Divisions for Vocational Rehabilitation/State Agencies for the Blind and Visually Impaired, the Federal Department of Veterans Affairs, Research and Training Programs, and Regional Continuing Education Programs must complete this two-page application in order to receive full approval authority for one calendar year.

Applications must be submitted by **December 1** of the calendar year preceding the year for which approval authority is being sought. A late application-processing fee of \$50.00 will be applied for applications submitted after this date. Indicate if you are submitting a late application-processing fee by checking the box below.

Late Application Processing Requested. Requires payment of a processing fee of \$50.00.

Organization Information

Organization Offering Programs/Activities _____

Sponsor Code (if known) _____

Address _____

Telephone Number _____

City/State or Province/Zip or Postal Code _____

Facsimile Number _____

Individual Granting Approvals (Must be a CRC or CCRC) _____

Organization Website _____

Documentation to be Submitted At the End of the Calendar Year

- ◆ A list of the programs/activities approved during the calendar year for which approval is granted to include the following information for each program/activity:
 - The program/activity title.
 - The location where the program/activity occurred.
 - The approval number issued for each program/activity.

Payment Information

CHECKS: Checks must be made payable to CRCC and returned with a completed application and required documentation. A service fee of \$35.00 will be assessed for all checks returned for insufficient funds or for charges made to closed accounts. CRCC's tax identification number is 36-3733179.

CREDIT CARD PAYMENT: All charges for CRCC are processed through the Foundation for Rehabilitation Education and Research. The Foundation will appear on your credit card payment. Complete this section if you wish to charge the fees due to your VISA or MasterCard.

Charge U.S. \$ _____ to my VISA MasterCard

Card # _____ Expiration Date _____

Signature _____ Date _____

Statement of Understanding

I hereby certify that I have read, understand, and agree to abide by the requirements as stated within the Continuing Education Pre-Approval Manual. Furthermore, I certify that I have completed the application and will submit the required documentation for the calendar year for which approval is granted by January 31 of the following calendar year.

I understand that CRCC reserves the right to monitor programs/activities for which continuing education approval has been granted and to withdraw such approval for any program/activity that is offered or presented in any manner that is inconsistent with the approval requirements. Furthermore, I understand that CRCC reserves the right to withdraw approval rights from any organization that does not issue approval consistent with the approval requirements. Actions subject to withdrawal of approval rights includes but is not limited to issuing approval numbers for programs/activities offered by other organizations.

I agree to require and review documentation for each program/activity to include the following in order to ensure that the program/activity is consistent with approval requirements:

- ◆ One copy of promotional material such as direct mail flyer or marketing brochure.
- ◆ A description of the program/activity content area if not contained within the promotional material.
- ◆ A copy of the evaluation form to be given to participants.

I also agree to ensure that the program/activity meets at least one of the following domain focus areas:

- | | |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ethical Standards or Decision Making Models for Rehabilitation Counselors (13) | <input type="checkbox"/> Foundations and Professional Issues (08) |
| <input type="checkbox"/> Vocational Consultation and Employer Services (01) | <input type="checkbox"/> Rehabilitation Services and Resources (09) |
| <input type="checkbox"/> Job Development and Placement Services (02) | <input type="checkbox"/> Case and Caseload Management (10) |
| <input type="checkbox"/> Career Counseling and Assessment Techniques (03) | <input type="checkbox"/> Healthcare and Disability Systems (11) |
| <input type="checkbox"/> Mental Health Counseling (05) | <input type="checkbox"/> Medical, Functional and Environmental Implications of Disabilities (12) |
| <input type="checkbox"/> Individual Counseling (06) | <input type="checkbox"/> Addictions Counseling (14) |
| <input type="checkbox"/> Psychosocial and Cultural Issues in Counseling (07) | <input type="checkbox"/> Clinical Supervision (15) |

When issuing approval numbers, I agree to ensure that a separate approval number is issued to any programs/activities that are consistent with the focus area for Ethical Standards or Decision Making Models for Rehabilitation Counselors.

I also understand that any approvals granted are valid for only one calendar year (January 1 through December 31). If the program/activity is changed in any way during that year, I agree to issue another approval number, provided the program/activity meets the requirements.

Authorized Signature

Date

Printed Name

Title