

## APPLICATION FOR POST-APPROVAL OF CONTINUING EDUCATION

(If the activity you completed did not have prior approval from CRCC, you must complete a **SEPARATE** form for each continuing education activity for which you seek credit, a copy of proof of attendance, and appropriate fee. To submit future requests, make copies of this form **BEFORE** completing it.)

Check one: ☐ CRC ☐ CCRC ☐ CRC-MAC ☐ CRC-CS ☐ CRC-MAC-CS

Customer Number \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Daytime Telephone Number (with area code)

\_\_\_\_\_  
Street Address City and State/Province Zip Code/Postal Code

\_\_\_\_\_  
Facsimile Number (with area code)

\_\_\_\_\_  
Program Title

\_\_\_\_\_  
Program Location (city and state)

\_\_\_\_\_  
Sponsoring Organization

\_\_\_\_\_  
Program Dates

\_\_\_\_\_  
Program Instructors

\_\_\_\_\_  
Clock Hours Requested

*Check the title that most accurately describes the activity that you completed.*

- ☐ 1-Multi-day Conference ☐ 3-Home Study ☐ 5-Internet  
☐ 2-Seminar/Workshop ☐ 4-College or University Courses

*Complete this section if your activity falls within one or more of the domain focus areas.*

1. Indicate the domain focus area that describes the content of your continuing education activity.

- |  |  |
|--|--|
| <input type="checkbox"/> 01 – Vocational Consultation and Employer Services  | <input type="checkbox"/> 08 – Foundations and Professional Issues                                |
| <input type="checkbox"/> 02 – Job Development and Placement Services         | <input type="checkbox"/> 09 – Rehabilitation Services and Resources                              |
| <input type="checkbox"/> 03 – Career Counseling and Assessment Techniques    | <input type="checkbox"/> 10 – Case and Caseload Management                                       |
| <input type="checkbox"/> 04 – Mental Health Counseling                       | <input type="checkbox"/> 11 – Healthcare and Disability Systems                                  |
| <input type="checkbox"/> 05 – Group and Family Counseling                    | <input type="checkbox"/> 12 – Medical, Functional and Environmental Implications of Disabilities |
| <input type="checkbox"/> 06 – Individual Counseling                          | <input type="checkbox"/> 13 – Ethical Standards  |
| <input type="checkbox"/> 07 – Psychosocial and Cultural Issues in Counseling | <input type="checkbox"/> 14 – Addictions Counseling  |
|  | <input type="checkbox"/> 15 – Clinical Supervision   |
|  | <input type="checkbox"/> 16 – Professional Development   |

2. Describe how your continuing education activity relates to the domain focus area you checked. Use a separate piece of paper if necessary.

3. Attach all required documentation and the non-refundable processing fee.

*Complete this section if your activity falls within one or more of the professional development areas.*

1. Describe how your continuing education activity relates to your professional development. Use a separate piece of paper if necessary.

2. Attach all required documentation and the non-refundable processing fee.

The fee for one request is \$10. A fee of \$35 is charged if you are submitting requests for approval of four or more programs completed in the same calendar year (January 1 through December 31). Payment may be made to CRCC by check or money order.

**All fees are non-refundable.**

☐ Enclosed is the \$10 fee. ☐ Enclosed is the \$35 fee. ☐ \$ \_\_\_\_\_ is enclosed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RECOMMENDED CITATION

Commission on Rehabilitation Counselor Certification. (2006). *Application for Post-Approval of Continuing Education*. Schaumburg, IL: Author.