



Application Forms

Vocational Rehabilitation Association of Canada

APPLICATION CHECKLIST

Before you submit your application please complete this checklist and ensure that all documentation is provided, complete, and accurate.

1.	Are you also applying for Association membership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Are you already an associate member of VRA Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you completed all the RRP forms (application, references, employment confirmation on the reference form)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Have you included official academic transcripts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Have you completed the required academic core competencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Have you included your employment information (current and previous)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8a.	Do you have two current references?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8b.	One from your immediate manager/supervisor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8c.	One from a rehabilitation professional who currently holds an RRP, CCRC, CRC, CCVE, CVE, CVRP or CDMP designation(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Have you included the application fee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

General Working History – An Overview

Please provide a **quick overview** of your previous relevant work experience, making sure to include the time spent in each position. A more detailed description of each job should be provided on the following pages.

Please include volunteer, intern, and paid positions that you think provide related work experience.

	Name of Company	Job Title	Dates of Employment	Total Time in Position
1.			From: To:	
2.			From: To:	
3.			From: To:	
4.			From: To:	
5.			From: To:	



Registered Rehabilitation Professional®

APPLICATION FORM

(Please Print)

Name: _____
(As you want it to appear on your certificate)

Address: _____
(Primary address for correspondence)

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Current Employer:

Name of Company: _____

Your Current Position: _____

Telephone: _____ Fax: _____

E-mail: _____

Statement of Understanding

I hereby guarantee that the information submitted for this RRP® application accurately documents my education and employment experience. I understand that providing false information will result in immediate withdrawal of my RRP® designation. I have read the VRA Canada Code of Ethics and agree to abide by these standards while providing rehabilitation services.

Signature of Applicant

Date

Members who are granted the RRP® status must

- Remain members in good standing with the Association
- Adhere to the Association's Code of Ethics
- Submit proof of 100 approved Continuing Education Units (CEU's) over a five (5) year period.

Membership is renewed annually and is valid January to December of each year.

Membership must be renewed each year to validate the RRP®. In the event membership with VRA Canada lapses, the RRP will become invalid.



Education Information

Name: _____

Official academic transcripts **must** accompany the application and **must** demonstrate successful completion of the program. A transcript will be considered official only if it bears the seal of the university and the signature of the registrar. Acceptable forms of transcripts: photocopies, electronic documents, scanned documents.

Educational Requirement	College Or University Attended	Dates Of Attendance	Did You Graduate?	Degree Achieved
Undergraduate Degree (required)	University: _____	From: Year: _____	<input type="checkbox"/> Yes	Degree: _____
	City: _____	To: Year: _____	<input type="checkbox"/> No	Major: _____
	Prov: _____		Date of Graduation: _____	
Graduate Degree (if applicable)	University: _____	From: Year: _____	<input type="checkbox"/> Yes	Degree: _____
	City: _____	To: Year: _____	<input type="checkbox"/> No	Major: _____
	Prov: _____		Date of Graduation: _____	
Doctoral Degree	University: _____	From: Year: _____	<input type="checkbox"/> Yes	Degree: _____
	City: _____	To: Year: _____	<input type="checkbox"/> No	Major: _____
	Prov: _____		Date of Graduation: _____	
Related or relevant completed courses (optional)	Name of Institute (must be a university or college)	Course Title	Dates of Attendance	
1.			From: _____	To: _____
2.			From: _____	To: _____
3.			From: _____	To: _____

Academic Core Competencies

Name: _____

It is the responsibility of the applicant to indicate which courses have been completed to fulfill the Academic Core Competencies. Courses must be at least **half-credit courses (minimum 20 hour)** and may be taken as part of the university degree program; university credits external to a degree are also accepted. A description or syllabus for each course must be included to enable the Registration Review Committee to review the course content. We can accept credits acquired from external degree courses, university post-graduate diploma and certificate courses, recognized specialty courses, and college courses or equivalent in addition to the degree course, but may not exceed 25% (30 hours) of the required core competency credit hours.

Field Study/Experience, which may be a required component to achieve the undergraduate degree, is **not eligible** as a core competency course. Workshops, seminars and conferences are **not eligible** as a core competency, as there is no measurable outcome.

Please note that a course can only be entered once. Refer to the Guide Book for more information.

Core Competency Courses	Course Code or Number	Course Taken Which Would Provide Equivalency
Assessment Approaches		
Disabling Conditions and/or Diverse Groups		
Interventions and Strategies		
Values, History and Systems Related to Human Services		
Professional Ethics		
Communication/ Helping/ Interviewing Skills		

Section 1: Employment Information

Name: _____

A: **Current Employer**

A copy of the current job description **must** accompany the registration application.

Name of company	
Type of company/agency (Please be specific)	
Full address	
Telephone number	
Name and title of supervisor	
Position or business title	
Date of commencement	(Month and Year) _____
Are you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you work full-time or part-time?	Full-time: <input type="checkbox"/> Yes Hours per week: _____ Part-time: <input type="checkbox"/> Yes Hours per week: _____
Persons receiving services (Specify disability)	
After reviewing the Qualifying Areas of Employment, which category(ies) would best describe the responsibilities of this position? (Check as many as applicable)	<input type="checkbox"/> Vocational Counselling <input type="checkbox"/> Affective Adjustment Counselling <input type="checkbox"/> Assessment <input type="checkbox"/> Vocational Evaluation and Work Adjustment <i>Life Care Planning</i> <i>Career Development</i> <input type="checkbox"/> Job Development / Placement <input type="checkbox"/> Job Analysis / Ergonomics <input type="checkbox"/> Case Management / Rehabilitation Services Coordination / RTW Coordination <input type="checkbox"/> Planning, Developing, Implementing, Monitoring and Evaluating Programs and Services <i>Disability Management</i> <input type="checkbox"/> Education and Research <input type="checkbox"/> Director / Manager / Supervisor

B: Previous Employer (Detailed)

Name: _____

Name of Company	
Type of company/agency (Please be specific)	
Full address	
Telephone number	
Name and title of supervisor	
Position or business title	
Dates of employment	From: _____ (Month and Year) To: _____ (Month and Year)
Were you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work full-time or part-time?	Full-time: <input type="checkbox"/> Yes Hours per week: _____ Part-time: <input type="checkbox"/> Yes Hours per week: _____
Persons Receiving Services (Specify disability)	
After reviewing the Qualifying Areas of Employment, which category(ies) would best describe the responsibilities of this position? (Check as many as applicable)	<input type="checkbox"/> Vocational Counselling <input type="checkbox"/> Affective Adjustment Counselling <input type="checkbox"/> Assessment <input type="checkbox"/> Vocational Evaluation and Work Adjustment <i>Life Care Planning</i> <i>Career Development</i> <input type="checkbox"/> Job Development / Placement <input type="checkbox"/> Job Analysis / Ergonomics <input type="checkbox"/> Case Management / Rehabilitation Services Coordination / RTW Coordination <input type="checkbox"/> Planning, Developing, Implementing, Monitoring and Evaluating Programs and Services <i>Disability Management</i> <input type="checkbox"/> Education and Research <input type="checkbox"/> Director / Manager / Supervisor

C: Previous Employer (Detailed)

Name: _____

Name of company	
Type of company/agency (Please be specific)	
Full address	
Telephone number	
Name and title of supervisor	
Position or business title	
Dates of Employment	From: _____ (Month and Year) To: _____ (Month and Year)
Were you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work full-time or part-time?	Full-time: <input type="checkbox"/> Yes Hours per week: _____ Part-time: <input type="checkbox"/> Yes Hours per week: _____
Persons receiving services (Specify disability)	
After reviewing the Qualifying Areas of Employment, which category(ies) would best describe the responsibilities of this position? (Check as many as applicable)	<input type="checkbox"/> Vocational Counselling <input type="checkbox"/> Affective Adjustment Counselling <input type="checkbox"/> Assessment <input type="checkbox"/> Vocational Evaluation and Work Adjustment <i>Life Care Planning</i> <i>Career Development</i> <input type="checkbox"/> Job Development / Placement <input type="checkbox"/> Job Analysis / Ergonomics <input type="checkbox"/> Case Management / Rehabilitation Services Coordination / RTW Coordination <input type="checkbox"/> Planning, Developing, Implementing, Monitoring and Evaluating Programs and Services <i>Disability Management</i> <input type="checkbox"/> Education and Research <input type="checkbox"/> Director / Manager / Supervisor

D: Previous Employer (Detailed)

Name: _____

Name of company	
Type of company/agency (Please be specific)	
Full address	
Telephone number	
Name and title of supervisor	
Position or business title	
Dates of employment	From: _____ (Month and Year) To: _____ (Month and Year)
Were you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work full-time or part-time?	Full-time: <input type="checkbox"/> Yes Hours per week: _____ Part-time: <input type="checkbox"/> Yes Hours per week: _____
Persons receiving services (Specify disability)	
After reviewing the Qualifying Areas of Employment, which category(ies) would best describe the responsibilities of this position? (Check as many as applicable)	<input type="checkbox"/> Vocational Counselling <input type="checkbox"/> Affective Adjustment Counselling <input type="checkbox"/> Assessment <input type="checkbox"/> Vocational Evaluation and Work Adjustment <i>Life Care Planning</i> <i>Career Development</i> <input type="checkbox"/> Job Development / Placement <input type="checkbox"/> Job Analysis / Ergonomics <input type="checkbox"/> Case Management / Rehabilitation Services Coordination / RTW Coordination <input type="checkbox"/> Planning, Developing, Implementing, Monitoring and Evaluating Programs and Services <i>Disability Management</i> <input type="checkbox"/> Education and Research <input type="checkbox"/> Director / Manager / Supervisor

CHECKLIST

Name: _____

Did you remember to include everything?

Before submitting your application, please ensure the following requirements have been fulfilled, as only fully completed applications will be reviewed. Applicants who fail to complete their application in full will be notified, and their application will be deferred until it has been completed. Applications still uncompleted after one year from the date of submission will be removed from the active file and a new application must be resubmitted along with the application fee under the current guidelines of application. Please note that applications fees are **non-refundable**.

To ensure that you have included all necessary documents, please refer to the checklist below:

Applicant must be a member of VRA Canada

An application for membership with VRA Canada must be approved before an application for the RRP® can be submitted to the National Registration Review Committee. The membership and RRP® applications may be made at the same time, but the RRP® application will not be reviewed until the membership application has been approved and the required membership fee has been paid.

- Are you an existing VRA member (Associate)?

Yes No

If yes, please include your member number _____

- Are you applying for membership and your RRP simultaneously?

Yes No

If yes, have you included your membership application? Yes No

RRP® Application Form

Please ensure the application form has been fully completed and the Statement of Understanding has been read and signed.

Education Information

Official academic transcripts have been attached or submitted. Please include academic institutions, full transcripts and syllabi.

Transcripts included

School _____ years attended _____

School _____ years attended _____

School _____ years attended _____

Syllabus included

- Part (course used for competency)

- Full (all courses taken)

Academic Core Competencies

Complete the required form to indicate courses taken which would fulfill the academic core competencies. **A course catalogue description or course syllabus for each course must be attached** to enable the Registration Review Committee to review the applicable courses and ensure the academic core competencies are met. Credits can be used only once.

Employment Information

Applicants **must** be working within a clearly defined employment position in the public or private sector, and a copy of the current job description must be included with application. Applicants who are self-employed must include a detailed current resume. Please include both the employer and the years that you were employed.

Employer _____ Dates Employed _____

Employer _____ Dates Employed _____

Employer _____ Dates Employed _____

Reference Forms

Two (2) references—**one (1) from a manager, one (1) from a professional**—are required on the reference forms provided. The original copies of the reference forms have been uploaded, mailed or emailed. References must be current e.g., dated within one (1) year of the RRP® application. These forms can be submitted directly to the National Office along with the Confirmation of Employment Form (Address noted below).

Reference name _____ **(Manager)**

Company _____

Reference name _____ **(Professional)**

Company _____

Application Fee

The application fee of \$131.25 (GST included) (or \$141.25 (HST included) for applicants in the Atlantic Provinces) has been enclosed. This fee is non-refundable. Please make cheque payable to VRA Canada or submit your credit card number (Visa, MasterCard) including the expiry date below.

Card Number: _____ Expiry Date: _____

Please submit the completed online with supporting documentation uploaded.

OR

Please submit the completed application by mail or email to:

VRA Canada

3-247 Barr St., Box 370, Renfrew, Ontario K7V 1J6

Telephone: 1-888-876-9992 / Fax: 613-432-6840

Email: continuinged@vracanada.com

www.vracanada.com