



RVP[®]
Registered Vocational Professional

Reference Forms

Standard format

Vocational Rehabilitation Association of Canada



Registered Vocational Professional

Vocational Rehabilitation Association of Canada RVP Reference Forms

The person referred to below has applied for the Registered Vocational Professional (RVP) designation granted by the Vocational Rehabilitation Association of Canada Assessment, Vocational Evaluation and Work Adjustment Society (CAVEWAS). Completion of this form will provide the National Registration Review Committee with information required to assess the applicant's eligibility for registration.

Name of Applicant: _____

Person Giving Reference: _____

Business Title: _____

Name of Company: _____

Do you have the Registered Vocational Professional (RVP) designation? Yes No

Do you have the Certified Vocational Evaluator (CVE) or CCVE designation? Yes No

If yes, please add your CVE / CCVE number: _____

Do you have the Canadian Certified Rehabilitation Counsellor (CCRC) Designation? Yes No

Do you have the Registered Rehabilitation Professional (RRP) Designation? Yes No

Do you have another Vocational Services Designation (CVP, MCVP, CVS, CDMP)? Yes No

If yes, please indicate name and registration number: _____

How long have you known the applicant in a professional capacity?

From: _____

Month Year

To: _____

Month Year

Relationship to RVP applicant:

Supervisor Employer Colleague Other : _____

References from immediate family members, someone employed or supervised directly by the applicant (i.e., a subordinate), or someone receiving services from the applicant may not be acceptable. In the case of a family business or other exceptions, the situation should be noted.

Note: There are three pages to complete. A lined page has been added for your convenience (behind the information sheet) in the event there is need for additional space.



Please describe the applicant's employment responsibilities during the period mentioned above or attach a job description.

Please indicate the categories under which you have observed the applicant engaged in delivering vocational services:

- Assessment / Vocational Evaluation / Community Based Evaluation
- Life Care Planner
- Work Adjustment Services
- Job Development / Job Readiness / Job Placement
- Employment Planning
- Director / Manager / Supervisor of Vocational / Employment Services
- Career Counselling / Vocational Counselling
- Employment Specialist / Counsellor
- Supported Employment Coordinator
- Case Management / Rehabilitation Services Coordination
- Education and Research
- Vocational Rehabilitation
- Disability Management / Return to Work Coordination
- Other

Please comment on the applicant's ability to provide the services referred to above as well as the person's technical skills, demonstrated respect for all persons regardless of circumstance, ethical standards, and/or other skills relevant to the vocational / return to work process.

Please add additional information that may be helpful in reviewing this person's application for the RVP



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designation. For example: Is there is a specific area where the applicant may excel (interpersonal skills with clients, staff, or service providers; report writing skills; negotiation skills; sound ethical practice)? Please be specific and, if possible, refer to an incident.

Multiple horizontal lines for writing a response to the question about specific areas of excellence.

Please advise if the applicant has a working knowledge of occupational resources, the National Occupational Classification, labour market information, community-based resources: Yes No

Please rank this applicant as a candidate for the RVP designation. This designation is granted to recognize that the applicant has acquired experience and knowledge to provide vocational/employment services.

- Highly Recommended Recommended Not Recommended Unable to Judge

Please rank a Return to Work (RTW) Employment Plan that the applicant wrote:

- Poor Fair Good

Thank you for taking the time to provide the designation review committee with this information.

Name (Please Print) Signature

Telephone Number Date of Reference

References must be current, dated within a year of the date of the RVP application. If attaching additional information, please ensure that each page has the applicant's name noted on it, and it is dated and signed.





Registered Vocational Professional

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Return to:
Vocational Rehabilitation Association of Canada
3 – 247 Barr Street
P.O. Box 370,
Renfrew, Ontario
K7V 1J6

Tel: 1-888-876-9992

Fax: 613-432-6840

Email: info@vraCanada.com or continuinged@vraCanada.com



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