

Vocational Rehabilitation Association of Canada



Registered Community Support Specialist (RCSS)

Application Forms

Vocational Rehabilitation Association of Canada (VRA Canada)

3-247 Barr St., Box 370,

Renfrew, Ontario, K7V 1J6

1-888-876-9992 / continuinged@vracanada.com

www.vracanada.com

Registered Community Support Specialist

APPLICATION FORM

(Please Print)

Name: _____
(As you would like your name to appear on the RCSS certificate)

Address: _____
(Where you would like correspondence related to your application sent)

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 RCSS application accurately documents my education and employment experience. I understand that providing false information will result in immediate withdrawal of my RCSS 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 RCSS designation **must** remain members in good standing with the Association and adhere to the Association's Code of Ethics and submit proof of 50 approved Continuing Education Units (CEU's) over a five (5) year period.

Membership is renewed annually and is valid from January to December of each year. **Membership must be renewed each year to validate the RCSS.** In the event membership with VRA Canada lapses, therefore allowing the RCSS designation to become invalid, the member must appeal to the National Registration Review Committee for re-instatement.

Application Fee (non-refundable): \$78.75 (AB, SK, MB, QC, PE; 5% GST included)
\$84.00 (BC; 12% HST included)
\$84.75 (ON, NB, NS, NL; 13% HST included)

Payment options: Cheques made payable to VRA Canada Inc., or by VISA, MasterCard

Education Information

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.

	College or University Attended	Dates Of Attendance	Did You Graduate?	Diploma Achieved
College Diploma	College: _____ _____ City: _____ Prov: _____	From: Mon: _____ Year: _____ To: Mon: _____ Year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Diploma: _____ Major: _____
	College: _____ _____ City: _____ Prov: _____	From: Mon: _____ Year: _____ To: Mon: _____ Year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Diploma: _____ Major: _____

Recommended Approved Diplomas: Career Development, Case Management, Child and Youth Care Worker; Community Rehabilitation; Community Mental Health Case Management, Developmental Service Worker; Disability Management, Disability Studies; Social Work, Therapeutic Recreation, and other diplomas dependent on meeting core competencies.

Diplomas must include the following academic core competencies to be considered approved: Assessment approaches; disabling conditions and/or disadvantaged groups; intervention and strategies; history and systems; ethics and communication skills.

Academic Core Competencies

It is the responsibility of the applicant to indicate which courses have been completed to fulfill the academic core competencies. Refer to the core competency descriptions on page 6 of the Application Guide. Courses may be taken within the diploma or external to the diploma and must accompany a course description or syllabus for each course to enable the National Registration Review Committee to review the course content.

Core Competency Courses	Course Taken Which Would Provide Equivalency
Assessment Approaches	
Disabling Conditions and / or Disadvantaged Groups	
Interventions and Strategies	
Values, History and Systems Related to Human Services	
Professional Ethics (will be credited if demonstrated in another course syllabus)	
Communication / Helping / Interviewing Skills	

Employment Information

A: Current Employer

If you are employed please include this information. This section is not a mandatory requirement for the RCSS, but has been requested for data collection. This information will remain confidential and will be reviewed at a later date for the purposes of indicating the effects this designation may have on the field.

Name of Company	
Type of Company / Agency (Please be specific)	
Address, City and Province, Postal Code	
Telephone Number	
Your Position or Business Title	
Dates of Employment	From: _____ (Month and Year) To: _____ (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 <input type="checkbox"/> No Hours per week: _____ Part-time: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours per week: _____
Persons Receiving Services Specify disability/disadvantage	
Which category(ies) would best describe the responsibilities of this position?	<input type="checkbox"/> Assessment / Vocational Evaluation / Community Based Evaluation <input type="checkbox"/> Life Care Planner <input type="checkbox"/> Work Adjustment Services <input type="checkbox"/> Job Development / Job Readiness / Job Placement <input type="checkbox"/> Employment Planning <input type="checkbox"/> Director /Manager /Supervisor of Vocational / Employment Services <input type="checkbox"/> Career Counselling / Vocational Counselling <input type="checkbox"/> Employment Specialist / Counsellor <input type="checkbox"/> Supported Employment Coordinator <input type="checkbox"/> Case Management / Rehabilitation Services Coordination <input type="checkbox"/> Education and Research <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Disability Management / Return to Work Coordination

B1: Previous Employer

Name of Company	
Type of Company / Agency (Please be specific)	
Address, City and Province, Postal Code	
Telephone Number	
Your Position or Business Title	
Dates of Employment	From: _____ (Month and Year) To: _____ (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 <input type="checkbox"/> No Hours per week: _____ Part-time: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours per week: _____
Persons Receiving Services Specify disability/disadvantage	
Which category(ies) would best describe the responsibilities of this position?	<p>Assessment / Vocational Evaluation / Community Based Evaluation</p> <p>Life Care Planner</p> <p>Work Adjustment Services</p> <p>Job Development / Job Readiness / Job Placement</p> <p>Employment Planning</p> <p>Director /Manager /Supervisor of Vocational / Employment Services</p> <p>Career Counselling / Vocational Counselling</p> <p>Employment Specialist / Counsellor</p> <p>Supported Employment Coordinator</p> <p>Case Management / Rehabilitation Services Coordination</p> <p>Education and Research</p> <p>Vocational Rehabilitation</p> <p>Disability Management / Return to Work Coordination</p>

B2 Previous Employer

Name of Company	
Type of Company / Agency (Please be specific)	
Address, City and Province, Postal Code	
Telephone Number	
Your Position or Business Title	
Dates of Employment	From: _____ (Month and Year) To: _____ (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 <input type="checkbox"/> No Hours per week: _____ Part-time: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours per week: _____
Persons Receiving Services Specify disability/disadvantage	
Which category(ies) would best describe the responsibilities of this position?	<p>Assessment / Vocational Evaluation / Community Based Evaluation</p> <p>Life Care Planner</p> <p>Work Adjustment Services</p> <p>Job Development / Job Readiness / Job Placement</p> <p>Employment Planning</p> <p>Director /Manager /Supervisor of Vocational / Employment Services</p> <p>Career Counselling / Vocational Counselling</p> <p>Employment Specialist / Counsellor</p> <p>Supported Employment Coordinator</p> <p>Case Management / Rehabilitation Services Coordination</p> <p>Education and Research</p> <p>Vocational Rehabilitation</p> <p>Disability Management / Return to Work Coordination</p>

B3 Previous Employer

Name of Company	
Type of Company / Agency (Please be specific)	
Address, City and Province, Postal Code	
Telephone Number	
Your Position or Business Title	
Dates of Employment	From: _____ (Month and Year) To: _____ (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 <input type="checkbox"/> No Hours per week: _____ Part-time: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours per week: _____
Persons Receiving Services Specify disability/disadvantage	
Which category(ies) would best describe the responsibilities of this position?	<input type="checkbox"/> Assessment / Vocational Evaluation / Community Based Evaluation <input type="checkbox"/> Life Care Planner <input type="checkbox"/> Work Adjustment Services <input type="checkbox"/> Job Development / Job Readiness / Job Placement <input type="checkbox"/> Employment Planning <input type="checkbox"/> Director /Manager /Supervisor of Vocational / Employment Services <input type="checkbox"/> Career Counselling / Vocational Counselling <input type="checkbox"/> Employment Specialist / Counsellor <input type="checkbox"/> Supported Employment Coordinator <input type="checkbox"/> Case Management / Rehabilitation Services Coordination <input type="checkbox"/> Education and Research <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Disability Management / Return to Work Coordination

CHECKLIST (RCSS)

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 submitted to the National Registration Review Committee. 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.

Applicant must be a member of VRA Canada

The applicant must be a member of VRA Canada before an application for the Registered Community Support Specialist (RCSS) can be processed. Membership fees are due annually and can be paid by cheque payable to VRA Canada, Visa or MasterCard. Membership is renewed annually and is valid from January to December of each year. Membership must be renewed by February 28th of each year to validate the RCSS. In the event that membership with VRA Canada lapses, therefore allowing the RCSS designation to become invalid, the member must appeal to the National Registration Review Committee for re-instatement.

RCSS Application Form

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

Education Information

Official academic transcripts have been attached or submitted.

Academic Core Competencies

Complete the required form to indicate courses taken which would fulfill the academic core competencies. **A course description or course syllabus has to be attached** to enable the National Registration Review Committee to review the courses and ensure fulfillment of the required academic core competencies is met.

Application Fee

The application fee of \$78.75 (AB, SK, MB, QC, PE; 5% GST included) or \$84.00 (BC; 12% HST included) or \$84.75 (ON, NB, NS, NL; 13% HST included) 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.

Card Number: _____ Expiry Date: _____

Please submit the completed application to:
Vocational Rehabilitation Association of Canada (VRA Canada)
3-247 Barr St., Box 370,
Renfrew, Ontario, K7V 1J6
1-888-876-9992 / continuinged@vracanada.com

Fax: 613-432-6840
E-mail: info@vracanada.com