



Reference Forms

Vocational Rehabilitation Association of Canada

INFORMATION

VRA Canada is a national association representing members across Canada who provide a continuum of rehabilitation services. Members are from a diversity of disciplines and are employed in a variety of settings. Members working as rehabilitation professionals provide unique services because of their specialized knowledge of disabilities, environmental factors that interact with those disabilities and the processes that support an effective return to work and/or return to function.

VRA Canada has evolved as an umbrella association representing professionals who are employed in many facets of rehabilitation. The Association recognizes the strength in its diversity of members and recognizes that rehabilitation is not one discipline specific but characterized by many disciplines. This diversity ensures an interdisciplinary approach and fosters trans-disciplinary alliances in rehabilitation.

Rehabilitation professionals work with persons with disabilities and their families to provide services and supports such as assessment, ergonomics, affective/adjustment counselling, life care planning, career guidance and development, disability management, vocational counselling, case management, return to work coordination, and job development / placement services. They develop, implement, facilitate, manage and evaluate individual rehabilitation plans to ensure effective vocational and avocational outcomes in the most integrated setting possible.

Members are employed as vocational evaluators and assessors, ergonomists, life care planners, career development practitioners, disability managers, return to work coordinators / specialists, work transition specialists, rehabilitation counsellors and consultants, vocational counsellors and consultants, case managers, and job development or placement specialists. Members also work in medical rehabilitation and include rehabilitation nurses, occupational therapists, physiotherapists, chiropractors, kinesiologists, psychologists, medical doctors and other medical specialists.

VRA Canada, in furthering its objectives of ensuring professional standards for its members, administers a registration process. The Registered Rehabilitation Professional designation or RRP® is granted following a peer review of education and experience related to the field of rehabilitation, and references from peers and supervisors. The designation has become an effective means of communicating to persons receiving services, industry agencies and other stakeholders that members have a demonstrated level of professional competence.

Applicants for the RRP® must include two (2) references, which must be submitted on the original VRA Canada forms. Additional information may be submitted but please ensure the name of the applicant is added to all attachments and on each page.

One (1) letter of reference is required from the applicant's immediate manager/supervisor and the remaining reference should be requested from **a rehabilitation professional that currently holds the RRP®, CCRC, CRC, CVE, CCVE, CVRP, CDMP or CRTWC designation(s)**. If an applicant does not report to a manager/supervisor (e.g., a self-employed person), a letter of reference can be requested from a physician, psychologist, social worker or a person with whom the applicant has completed contractual rehabilitation services and who knows the applicant's work well and can attest to knowledge and competence in the field.



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The person referred to below has applied for the Registered Rehabilitation Professional (RRP[®]) designation granted by the Vocational Rehabilitation Association of Canada (VRA Canada). 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 Rehabilitation Professional (RRP[®]) designation? Yes No

Do you have any of the following designations? Please indicate your designation number in all that apply.

| Your designation | Your number |
|--|-------------|
| Canadian Certified Rehabilitation Counsellor (CCRC) | |
| Certified Rehabilitation Counsellor (CRC) | |
| Certified Vocational Evaluator (CVE) or Canadian Certified Vocational Evaluator (CCVE) | |
| College of Vocational Rehabilitation Professionals (CVRP) | |
| Certified Disability Management Professional (CDMP) | |
| Certified Return to Work Coordinator (CRTWC) | |

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

From: _____
Month _____ Year _____

To: _____
Month _____ Year _____

Relationship to the applicant:

Supervisor Employer Colleague

Other: Please specify:

References from immediate family members, someone employed or supervised directly by the applicant (i.e., subordinate) or someone receiving services from the applicant are not acceptable.

Note: There are three (3) 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. If possible, attach a job description.

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

- Counselling
- Vocational Counselling
- Affective (Adjustment) Counselling
- Life Care Planning
- Assessment
- Vocational Evaluation and Work Adjustment
- Job Development / Placement
- Ergonomics, Job Analysis and Evaluation
- Disability Management
- Case Management / Rehabilitation Services Coordination
- Planning, Reviewing, Monitoring and Evaluating Programs and Services
- Education and Research
- Rehabilitation Director / Manager / Supervisor
- Education / Research

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 persons with a disability, ethical standards, and/or other skills relevant to the rehabilitation process.



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Please add additional information that may be helpful in reviewing this person's application for the RRP® designation. For example: Is there a specific area where the applicant may excel (interpersonal skills with clients, staff or service providers; report writing skills; negotiations, sound ethical practice). Please be specific and, if possible, refer to an incident.

Please rank this applicant as a candidate for the RRP® designation. This designation is granted to recognize that the applicant has acquired experience and knowledge to provide rehabilitation services.

- Highly Recommended Recommended Not Recommended Unable to Judge

Thank you for taking the time to provide the National Registration 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 RRP® application.

If attaching additional information, please ensure that each page has the applicant's name noted on it, and it is dated and signed.



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Name of Applicant: _____

Your comments: _____

Signature _____

Date _____



RRP® Confirmation of Employment

Release statement: I have applied for the Registered Rehabilitation Professional (RRP®) designation and am required to provide confirmation of employment. I hereby approve the release of my employment information.

Signature of Applicant

Printed Name

Date

To be completed by the employer.

The applicant named above has submitted an application to the Vocational Rehabilitation Association of Canada for the Registered Rehabilitation Professional (RRP®) designation. All individuals who apply for the RRP® designation must have confirmation of a minimum of 24 months of acceptable employment experience within one of the “Qualifying Areas of Employment.”

Place of Employment: _____

Dates of Supervision: From: _____ To: _____

Total Hours Worked per Week: _____

Did the applicant provide direct rehabilitation services to individuals with disabilities?

Yes

No

Average number of cases served monthly by the applicant while under your supervision? _____

The statement given below represents rehabilitation activities that may have been performed by the applicant in his/her delivery of services. Please check the appropriate as follows:

Y = activity performed in this position N = not performed in this position N/A = does not apply

| Qualifying Area of Employment | Yes | No | N/A | % of time spent on activity |
|---|--------------------------|--------------------------|--------------------------|-----------------------------|
| Counselling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Vocational Evaluation and Work Adjustment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Job Placement/Development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Job Analysis and Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Case Management/Rehabilitation Services Coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Planning and Reviewing, Monitoring and Evaluating Programs & Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Education and Research | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Director/Manager/Supervisor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

As a member of a professional body and supervisor of this applicant, I hereby attest that this applicant received systematic evaluations of the quality of his/her delivery of services as a rehabilitation professional while under my supervision.

Name (please print)

Date

Signature

Designation(s) and Number(s)

Return this form along with the RRP® Application to:

Vocational Rehabilitation Association of Canada (VRA Canada)
3-247 Barr St., Box 370, Renfrew, ON, K7V 1J6
Telephone: 1-888-876-9992
Fax: 613-432-6840
E-mail: info@vracanada.com

www.vracanada.com