
Relation to Domain Focus Areas

The program/activity must apply to one of the following domain focus areas. A full listing of the areas related to each domain focus area can be found on pages four through six. Please check the domain focus area that applies to the program/activity for which you are seeking approval. **Please check all that apply.**

- Ethical Standards or Decision Making Models for Rehabilitation Counselors (13)
 - Vocational Consultation and Employer Services (01)
 - Job Development and Placement Services
 - Career Counseling and Assessment Techniques (03)
 - Mental Health Counseling (04)
 - Group and Family Counseling (05)
 - Individual Counseling (06)
 - Psychosocial and Cultural Issues in Counseling (07)
 - Foundations and Professional Issues (08)
 - Rehabilitation Services and Resources (09)
 - Case and Caseload Management (10)
 - Healthcare and Disability Systems (11)
 - Medical, Functional and Environmental Implications of Disabilities (12)
 - Addictions Counseling (14)
 - Clinical Supervision (15)
-

Payment Information (Please check all that apply.)

- IARP Chapter Applications: IARP Headquarters will pay the \$50.00 charge.
- Late fee. If application is submitted to IARP Headquarters within 6 weeks of the scheduled program/activity a \$50 late fee will be applied to the IARP Chapter. Please indicate below how the Chapter will be paying the late fee.
- CHECK: Checks must be made payable to CRCC and returned with a completed application and required documentation. A service fee of \$35.00 will be assessed for all checks returned for insufficient funds or for charges made to closed accounts. CRCC's tax identification number is 36-3733179.

Charge U.S. \$ _____ to my VISA MasterCard

Card #: _____ Expiration Date: _____

Signature: _____ Date: _____

Statement of Understanding

In hereby certify that I have read, understand, and agree to abide by the requirements as stated within the Continuing Education Pre-Approval Manual. Furthermore, I certify that I have completed the application and attached the required documentation. I understand that no program/activity will be reviewed unless accompanied by the required documentation, to include the appropriate non-refundable processing fee.

I understand that CRCC reserves the right to monitor programs/activities for which it has granted continuing education approval and to withdraw such approval from any program/activity that is offered or presented in any manner that is inconsistent with the approval requirements. I also understand that any approval granted for this program/activity is valid for only one calendar year (January 1 through December 31). If the program/activity is changed in any way during that year, I agree to seek approval from CRCC.

Authorized Signature

Date

Printed Name

Title