

# Vocational Rehabilitation Association of Canada



**Registered Community Support Specialist (RCSS)**

**Application Forms**

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**Please submit the completed application to:  
Vocational Rehabilitation Association of Canada (VRA Canada)  
3-247 Barr St., Box 370,  
Renfrew, ON, K7V 1J6  
Toll Free: 1-888-876-9992  
Fax: 613-432-6840  
info@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: \_\_\_\_\_

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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, 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: _____	<b>From:</b> Mon: _____ Year: _____ <b>To:</b> Mon: _____ Year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Diploma: _____ Major: _____
	College: _____ _____ City: _____ Prov: _____	<b>From:</b> Mon: _____ Year: _____ <b>To:</b> Mon: _____ Year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Diploma: _____ Major: _____

**Recommended Approved Diplomas:** Child and Youth Care Worker; Community Rehabilitation; Developmental Service Worker; 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 have to be taken within the diploma or external to the diploma and must accompany a course description or syllabus for each course to enable the 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.

<b>Name of Company</b>	
<b>Type of Company/Agency</b> (Please be specific)	
<b>Address</b> <b>City and Province</b> <b>Postal Code</b>	
<b>Telephone Number</b>	
<b>Your Position or Business Title</b>	
<b>Dates of Employment</b>	From: _____ (Month and Year) To: _____ (Month and Year)
<b>Are you self-employed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you work full-time or part-time?</b>	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: _____
<b>Persons Receiving Services</b> <b>Specify disability/disadvantage</b>	
<b>Which category(s) would best describe the responsibilities of this position?</b>	<input type="checkbox"/> Counselling <input type="checkbox"/> Vocational Counselling <input type="checkbox"/> Affective Adjustment Counselling <input type="checkbox"/> Assessment <input type="checkbox"/> Vocational Evaluation and Work Adjustment <input type="checkbox"/> Job Placement/Development <input type="checkbox"/> Job Analysis and Evaluation <input type="checkbox"/> Case Management/Rehabilitation Services Coordination <input type="checkbox"/> Planning and Reviewing, Monitoring and Evaluating Programs and Services <input type="checkbox"/> Education and Research <input type="checkbox"/> Director/Manager

**B1: Previous Employer**

<b>Name of Company</b>	
<b>Type of Company/Agency</b> (Please be specific)	
<b>Address</b> <b>City and Province</b> <b>Postal Code</b>	
<b>Telephone Number</b>	
<b>Your Position or Business Title</b>	
<b>Dates of Employment</b>	From: _____ (Month and Year) To: _____ (Month and Year)
<b>Are you self-employed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you work full-time or part-time?</b>	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: _____
<b>Persons Receiving Services</b> <b>Specify disability/disadvantage</b>	
<b>Which category(s) would best describe the responsibilities of this position?</b>	<input type="checkbox"/> Counselling <input type="checkbox"/> Vocational Counselling <input type="checkbox"/> Affective Adjustment Counselling <input type="checkbox"/> Assessment <input type="checkbox"/> Vocational Evaluation and Work Adjustment <input type="checkbox"/> Job Placement/Development <input type="checkbox"/> Job Analysis and Evaluation <input type="checkbox"/> Case Management/Rehabilitation Services Coordination <input type="checkbox"/> Planning and Reviewing, Monitoring and Evaluating Programs and Services <input type="checkbox"/> Education and Research <input type="checkbox"/> Director/Manager

## B2 Previous Employer

<b>Name of Company</b>	
<b>Type of Company/Agency</b> (Please be specific)	
<b>Address</b> <b>City and Province</b> <b>Postal Code</b>	
<b>Telephone Number</b>	
<b>Your Position or Business Title</b>	
<b>Dates of Employment</b>	From: _____ (Month and Year) To: _____ (Month and Year)
<b>Are you self-employed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you work full-time or part-time?</b>	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: _____
<b>Persons Receiving Services</b> <b>Specify disability/disadvantage</b>	
<b>Which category(s) would best describe the responsibilities of this position?</b>	<input type="checkbox"/> Counselling <input type="checkbox"/> Vocational Counselling <input type="checkbox"/> Affective Adjustment Counselling <input type="checkbox"/> Assessment <input type="checkbox"/> Vocational Evaluation and Work Adjustment <input type="checkbox"/> Job Placement/Development <input type="checkbox"/> Job Analysis and Evaluation <input type="checkbox"/> Case Management/Rehabilitation Services Coordination <input type="checkbox"/> Planning and Reviewing, Monitoring and Evaluating Programs and Services <input type="checkbox"/> Education and Research <input type="checkbox"/> Director/Manager

### B3 Previous Employer

<b>Name of Company</b>	
<b>Type of Company/Agency</b> (Please be specific)	
<b>Address</b> <b>City and Province</b> <b>Postal Code</b>	
<b>Telephone Number</b>	
<b>Your Position or Business Title</b>	
<b>Dates of Employment</b>	From: _____ (Month and Year) To: _____ (Month and Year)
<b>Are you self-employed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you work full-time or part-time?</b>	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: _____
<b>Persons Receiving Services</b> <b>Specify disability/disadvantage</b>	
<b>Which category(s) would best describe the responsibilities of this position?</b>	<input type="checkbox"/> Counselling <input type="checkbox"/> Vocational Counselling <input type="checkbox"/> Affective Adjustment Counselling <input type="checkbox"/> Assessment <input type="checkbox"/> Vocational Evaluation and Work Adjustment <input type="checkbox"/> Job Placement/Development <input type="checkbox"/> Job Analysis and Evaluation <input type="checkbox"/> Case Management/Rehabilitation Services Coordination <input type="checkbox"/> Planning and Reviewing, Monitoring and Evaluating Programs and Services <input type="checkbox"/> Education and Research <input type="checkbox"/> Director/Manager



# 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 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 28<sup>th</sup> of each year to validate the RCSS. In the event that membership with VRA Canada lapses, therefore allowing the RCSS designation to become invalid and 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 (photocopies will not be accepted).

**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:  
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