



Application Forms

Vocational Rehabilitation Association of Canada



Registered Vocational Professional

Application Forms

APPLICATION CHECKLIST

Name: _____

Before you submit your application please complete this checklist and ensure that all documentation is provided, complete, and accurate.

1.	Are you already an associate member of VRA Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	If no, are you applying for Association membership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you completed all the RVP forms (application, references, confirmation of employment)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Have you included official academic transcripts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Have you completed the required academic core competencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Have you included your employment information (current and previous)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8a.	Do you have two current references?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8b.	One from your immediate manager/supervisor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8c.	One from a rehabilitation professional who currently holds an RRP, CCRC, CRC, CVE and/or RVP designation(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Have you included the application fee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

General Working History – An Overview

Please provide a **quick overview** of your previous relevant work experience, making sure to include the time spent in each position. A more detailed description of each job should be provided on the following pages.

Please include volunteer, intern, and paid positions that you think provide related work experience.

	Name of Company	Job Title	Dates of Employment	Total Time in Position
1.			From: To:	
2.			From: To:	
3.			From: To:	
4.			From: To:	
5.			From: To:	





Registered Vocational Professional

Registered Vocational Professional (RVP)

APPLICATION FORM

(Please Print)

Name: _____ (As you want it to appear on your RVP certificate)

Address: _____ (Primary address for correspondence)

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 RVP application accurately documents my education and employment experience. I understand that providing false information will result in immediate withdrawal of my RVP 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 RVP status must

- Remain members in good standing with the Association
- Adhere to the Association's Code of Ethics
- Submit proof of 100 approved Continuing Education Units (CEU's) over a five (5) year period.

Membership is renewed annually and is valid January to December of each year.

Membership must be renewed each year to validate the RVP. In the event membership with VRA Canada lapses, the RVP will become invalid.



Registered Vocational Professional

Education Information

Name: _____

Official academic transcripts **must** accompany the application and **must** demonstrate successful completion of the program. An official transcript must bear the name of the college or post-secondary institute. Acceptable forms of transcripts: photocopies, electronic documents, scanned documents.

Educational Requirement	College Or Post-Secondary Institute Attended	Dates Of Attendance	Did You Graduate?	Degree Achieved
College Diploma (required)	Institute Name: _____ City: _____ Prov: _____	From: Year: _____ To: Year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Degree: _____ Major: _____
Secondary College Diploma (if applicable)	Institute Name: _____ City: _____ Prov: _____	From: Year: _____ To: Year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Degree: _____ Major: _____
Undergraduate Degree (if applicable)	Institute Name: _____ City: _____ Prov: _____	From: Year: _____ To: Year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Degree: _____ Major: _____
OPTIONAL: Related or relevant completed courses (external to diploma)	Name of Institute (must be a college or recognized educational institute)	Course Title	Dates of Attendance	
1.			From: _____ To: _____	
2.			From: _____ To: _____	
3.			From: _____ To: _____	



Registered Vocational Professional Academic Core Competencies

Name: _____

A minimum of a College Diploma from a recognized educational institution is required for all RVP applications.

It is the responsibility of the applicant to indicate which courses have been completed to fulfill the academic core competencies. Please refer to the descriptions of the course outlines under Section C of the RVP Application Guide and record the courses on this form that fulfill the required academic core competencies. Courses may be taken within an academic diploma program or external to a diploma but must be a college or higher level.

Field study and/or practicum experiences, which are a required component in the diploma program, are **not eligible** as core competency courses. Workshops, seminars, and conferences are also **not eligible** as a core competency as there is no measurable outcome.

A catalogue course description or course syllabus must be attached to enable the designation review committee to review the course content.

Core Competency Courses	Course Code or Number	Course Taken Which Would Provide Equivalency
NOC Handbook		
Vocational Assessments/ Approaches		
Vocational Counselling/ Interviewing		
Case Management/ Report Writing		
Labour Market Research/Job Searching/ Supportive Employment Training/Job Development		
Ethics		



Registered Vocational Professional

Section 1: Employment Information

Name: _____

A: **Current Employer**

A copy of the current job description **must** accompany the registration application.

Name of company	
Type of company/agency (Please be specific)	
Full address	
Telephone number	
Name and title of supervisor	
Position or business title	
Date of commencement	(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 Hours per week: _____ Part-time: <input type="checkbox"/> Yes Hours per week: _____
Persons/groups receiving services (Specify disability/disadvantage)	
After reviewing the Qualifying Areas of Employment, which category(s) would best describe the responsibilities of this position? (Check as many as applicable)	<input type="checkbox"/> Assessment/ Vocational Evaluation/Community Based Evaluation <input type="checkbox"/> Work Adjustment Services <input type="checkbox"/> Job Placement/Job Readiness/Job Development <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"/> Return to Work Coordination/Case Management





Registered Vocational Professional

B: Previous Employer (Detailed)

Name: _____

Name of Company	
Type of company/agency (Please be specific)	
Full address	
Telephone number	
Name and title of supervisor	
Position or business title	
Dates of employment	From: _____ (Month and Year) To: _____ (Month and Year)
Were you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work full-time or part-time?	Full-time: <input type="checkbox"/> Yes Hours per week: _____ Part-time: <input type="checkbox"/> Yes Hours per week: _____
Persons Receiving Services (Specify disability/disadvantage)	
After reviewing the Qualifying Areas of Employment, which category(s) would best describe the responsibilities of this position? (Check as many as applicable)	<input type="checkbox"/> Assessment/ Vocational Evaluation/Community Based Evaluation <input type="checkbox"/> Work Adjustment Services <input type="checkbox"/> Job Placement/Job Readiness/Job Development <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"/> Return to Work Coordination/Case Management





Registered Vocational Professional

C: Previous Employer (Detailed)

Name: _____

Name of company	
Type of company/agency (Please be specific)	
Full address	
Telephone number	
Name and title of supervisor	
Position or business title	
Dates of Employment	From: _____ (Month and Year) To: _____ (Month and Year)
Were you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work full-time or part-time?	Full-time: <input type="checkbox"/> Yes Hours per week: _____ Part-time: <input type="checkbox"/> Yes Hours per week: _____
Persons receiving services (Specify disability/disadvantage)	
After reviewing the Qualifying Areas of Employment, which category(s) would best describe the responsibilities of this position? (Check as many as applicable)	<input type="checkbox"/> Assessment/ Vocational Evaluation/Community Based Evaluation <input type="checkbox"/> Work Adjustment Services <input type="checkbox"/> Job Placement/Job Readiness/Job Development <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"/> Return to Work Coordination/Case Management





Registered Vocational Professional

D: Previous Employer (Detailed)

Name: _____

Name of company	
Type of company/agency (Please be specific)	
Full address	
Telephone number	
Name and title of supervisor	
Position or business title	
Dates of employment	From: _____ (Month and Year) To: _____ (Month and Year)
Were you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work full-time or part-time?	Full-time: <input type="checkbox"/> Yes Hours per week: _____ Part-time: <input type="checkbox"/> Yes Hours per week: _____
Persons receiving services (Specify disability/disadvantage)	
After reviewing the Qualifying Areas of Employment, which category(s) would best describe the responsibilities of this position? (Check as many as applicable)	<input type="checkbox"/> Assessment/ Vocational Evaluation/Community Based Evaluation <input type="checkbox"/> Work Adjustment Services <input type="checkbox"/> Job Placement/Job Readiness/Job Development <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"/> Return to Work Coordination/Case Management





Name: _____

CHECKLIST

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 reviewed. Applicants who fail to complete their application in full will be notified, and their application will be deferred until it has been completed. 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. Please note that applications fees are **non-refundable**.

To ensure that you have included all necessary documents, please refer to the checklist below:

Applicant **must** be a member of VRA Canada

An application for membership with VRA Canada must be approved before an application for the RVP can be submitted to the National Registration Review Committee. The membership and RVP applications may be made at the same time, but the RVP application will not be reviewed until the membership application has been approved and the required membership fee has been paid.

- Are you an existing VRA member (associate)?

Yes No

If yes, please include your member number _____

- Are you applying for membership and your RVP simultaneously?

Yes No

If yes, have you included your membership application? Yes No

RVP Application Form

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

Education Information

Official academic transcripts have been attached or submitted. Please include academic institutions, full transcripts and syllabi.

Transcripts included

School _____ years attended _____

School _____ years attended _____

School _____ years attended _____

Syllabus included

Part (course used for competency)

Full (all courses taken)

Academic Core Competencies

Complete the required form to indicate courses taken which would fulfill the academic core competencies. **A course catalogue description or course syllabus for each course must be attached** to enable the Registration Review Committee to review the applicable courses and ensure the academic core competencies are met.



Registered Vocational Professional

Application Forms

Name: _____

Employment Information

Applicants **must** be working within a clearly defined employment position in the public or private sector, and a copy of the current job description must be included with application. Applicants who are self-employed must include a detailed current resume. Please include both the employer and the years that you were employed.

Employer _____ Dates Employed _____

Employer _____ Dates Employed _____

Employer _____ Dates Employed _____

Reference Forms

Two (2) references—**one (1) from a manager, one (1) from a professional**—are required on the reference forms provided. The original copies of the reference forms have been included or submitted (faxed copies are **not** acceptable). References must be current e.g., dated within one (1) year of the RVP application. These forms can be submitted directly to the National Office along with the Confirmation of Employment Form (address noted below).

Reference name _____ **(Manager)**

Company _____

Reference name _____ **(Professional)**

Company _____

Application Fee

Please submit payment online or request an invoice.

Please submit completed application online.

Vocational Rehabilitation Association of Canada
3-247 Barr St.,
Box 370
Renfrew, ON
K7V 1J6

Toll Free: 1-888-876-9992
Fax: 613-432-6840
Email: info@vraCanada.com



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