



**NRCA Application for Program Approval
For CRC ONLY**

(Please complete a form for each program presentation)

Program Title: _____

Program Instructor(s): _____
Please include information on program and the presenter(s) for each session.

Location: _____ **Date of Program:** _____

Clock hours: _____

We have met the following requirements:

() **NRCA is a sponsor or co-sponsor and is cited on the program** () **Program site is accessible**
(Please include copy of the program)

Recommended focus area (see list below and check the appropriate focus area)

- ___ Ethical Standards or Decision Making Models for Rehabilitation Counselors
- ___ Vocational Consultation and Employer Services
- ___ Job Development and Placement Services
- ___ Career Counseling and Assessment Techniques
- ___ Mental Health Counseling
- ___ Group and Family Counseling
- ___ Individual Counseling
- ___ Psychosocial and Cultural Issues in Counseling
- ___ Foundations and Professional Issues
- ___ Rehabilitation Services and Resources
- ___ Case and Caseload Management
- ___ Healthcare and Disability Systems
- ___ Medical, Functional and Environmental Implication of Disabilities
- ___ Addictions Counseling
- ___ Clinical Supervision

Approval Information will be sent to the individual listed below:

Name: _____ **NRCA Member #:** _____

Address: _____

City/State/ZIP Code: _____

Telephone #: _____ **Fax #:** _____

Email: _____ (Please note forms will be sent via e-mail in PDF format.)

Signature: _____

Note: Request for program approval(s) should be sent to the NRCA national office at least 30 days prior to the program.

**National Rehabilitation Counseling Association
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Manassas, Virginia 20108
Tel: 703-361-2077 – Fax: 703-361-2489 – E-mail: info@nrca-net.org**