



CANADIAN ASSESSMENT, VOCATIONAL EVALUATION AND WORK ADJUSTMENT SOCIETY
CAVEWAS

**Canadian Assessment, Vocational Evaluation
and Work Adjustment Society**
CAVEWAS

**Registered Vocational Professional (RVP)
Designation**

Application Forms (Updated Mar 06)



CARP® National
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Toronto, ON M2J 4G8
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E-mail: continuinged@carpnational.org
Web: www.carpnational.org

REGISTERED VOCATIONAL PROFESSIONAL (RVP)
APPLICATION FORM
(Please Print)

Name: _____
(As you would like your name to appear on the RVP Certificate.)

Address: _____
(Where you would like correspondence related to your application sent.)

City: _____ Province: _____ Postal Code: _____

Tel: _____ Fax: _____

E-mail: _____

Current Employer:

Name of Company: _____

Your Current Position: _____

Tel: _____ 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 if awarded. I have read the CARP® Code of Ethics and agree to abide by these standards while providing vocational services.

Signature of Applicant

Date

Members who are granted the RVP status must remain members in good standing with both CARP® and CAVEWAS, adhere to the Association's Code of Ethics and submit proof of 50 approved Continuing Education Units (CEUs) over each five (5) year period thereafter. In the event membership with CARP/CAVEWAS lapses, therefore allowing the RVP designation to become invalid, the application will be reviewed following guidelines that are current at the time of the reapplication.

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?	Degree Achieved
Diploma	University/College: _____ City: _____ Prov: _____	From: Mo: _____ Year: _____ To: Mo: _____ Year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Degree: _____ Major: _____
Undergraduate Degree	University: _____ City: _____ Prov: _____	From: Mo: _____ Year: _____ To: Mo: _____ Year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Degree: _____ Major: _____
Graduate Degree	University: _____ _____ City: _____ Prov: _____	From: Mo: _____ Year: _____ To: Mo: _____ Year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Degree: _____ Major: _____
Doctoral Degree	University: _____ City: _____ Prov: _____	From: Mo: _____ Year: _____ To: Mo: _____ Year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Degree: _____ Major: _____

Core Competencies

It is the responsibility of the applicant to indicate which courses have been completed to fulfill the Core Competencies. Please refer to the descriptions of the course outlines under Section C of the RVP Application Guide and record the course(s) on this form, which would fulfill the required Core Competencies. Courses may be taken within an educational program or external to an educational program.

A catalogue course description or course syllabus must be attached to enable the National Registration Review Committee to review the course content. You must also provide proof of attendance/completion, such as CEU verification, paid receipt, signed attendance form, letter confirming attendance from authorized source, course/school transcript, or any other documentation to support that you attended/completed the course/program.

Core Competency Courses	Course Taken Which Would Provide Equivalency
Occupational Resources/ Compendiums	
Vocational Testing/ Community Based Assessment Theories/ Techniques	
Vocational Counselling / Case Conferencing	
Job Readiness Training/ Supported Employment Training	

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Related Employment Information

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.)	
Address City and Province Postal Code	
Telephone Number	
Name and Title of Supervisor (If Applicable)	
Your Position or Business Title	
Dates of Employment	From: _____ (Month and Year) To: _____ (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 <input type="checkbox"/> No Hours per week: _____ Part-time: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours per week: _____
Client Groups Receiving Services Specify disability/disadvantage	
After reviewing the Qualifying Areas of Employment, which category(s) would best describe the responsibilities of this position?	<input type="checkbox"/> Vocational Evaluation/Community Based Evaluation/Assessment <input type="checkbox"/> Work Adjustment Services <input type="checkbox"/> Job Placement/Job Readiness Training <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

B1: Previous Employer

Name of Company	
Type of Company/Agency (Please be specific.)	
Address City and Province Postal Code	
Telephone Number	
Name and Title of Supervisor (If Applicable)	
Your 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 <input type="checkbox"/> No Hours per week: _____ Part-time: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours per week: _____
Client Groups Receiving Services Specify disability/disadvantage	
After reviewing the Qualifying Areas of Employment, which category(s) would best describe the responsibilities of this position?	<input type="checkbox"/> Vocational Evaluation/Community Based Evaluation/Assessment <input type="checkbox"/> Work Adjustment Services <input type="checkbox"/> Job Placement/Job Readiness Training <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

B2: Previous Employer

Name of Company	
Type of Company/Agency (Please be specific.)	
Address City and Province Postal Code	
Telephone Number	
Name and Title of Supervisor (If Applicable)	
Your 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 <input type="checkbox"/> No Hours per week: _____ Part-time: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours per week: _____
Client Groups Receiving Services Specify disability/disadvantage	
After reviewing the Qualifying Areas of Employment, which category(s) would best describe the responsibilities of this position?	<input type="checkbox"/> Vocational Evaluation/Community Based Evaluation/Assessment <input type="checkbox"/> Work Adjustment Services <input type="checkbox"/> Job Placement/Job Readiness Training <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"/> Supported Employment Coordinator

B3: Previous Employer

Name of Company	
Type of Company/Agency (Please be specific.)	
Address City and Province Postal Code	
Telephone Number	
Name and Title of Supervisor (If Applicable)	
Your 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 <input type="checkbox"/> No Hours per week: _____ Part-time: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours per week: _____
Client Groups Receiving Services Specify disability/disadvantage	
After reviewing the Qualifying Areas of Employment, which category(s) would best describe the responsibilities of this position?	<input type="checkbox"/> Vocational Evaluation/Community Based Evaluation/Assessment <input type="checkbox"/> Work Adjustment Services <input type="checkbox"/> Job Placement/Job Readiness Training <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

Training in Employment Services Core Competency Areas

Eligibility criterion also includes 30 hours of training in the core competency areas which occurred in the previous 3 years from the date of your application. Your training experience must be documented in this section and be related to the designation you are applying for. Training experience **MUST** be verified. **IT IS UP TO YOU TO PROVIDE THIS INFORMATION TO THE FULLEST DEGREE AS PREVIOUSLY INSTRUCTED.** If additional space is needed, please include information on additional copies of this page. If you were a trainer rather than a participant, list self under the "presenters" category. Trainers receive credit for actual hours of training plus 3 hours of preparation time for every hour of training.

Training 1

Training Topic:	Total Contact Hours:
Presenter(s):	
Sponsoring Organization:	Phone:
Place:	Date:

Training 2

Training Topic:	Total Contact Hours:
Presenter(s):	
Sponsoring Organization:	Phone:
Place:	Date:

Training 3

Training Topic:	Total Contact Hours:
Presenter(s):	
Sponsoring Organization:	Phone:
Place:	Date:

Training 4

Training Topic:	Total Contact Hours:
Presenter(s):	
Sponsoring Organization:	Phone:
Place:	Date:

Training 5

Training Topic:	Total Contact Hours:
Presenter(s):	
Sponsoring Organization:	Phone:
Place:	Date:

Training in Employment Services Core Competency Areas

Eligibility criterion also includes 30 hours of training which occurred in the previous 3 years from the date of your application. Your training experience must be documented in this section and be related to the designation you are applying for. Training experience **MUST** be verified. **IT IS UP TO YOU TO PROVIDE THIS INFORMATION TO THE FULLEST DEGREE AS PREVIOUSLY INSTRUCTED.** If additional space is needed, please include information on additional copies of this page. If you were a trainer rather than a participant, list self under the "presenters" category. Trainers receive credit for actual hours of training plus 3 hours of preparation time for every hour of training.

Training 1

Training Topic:	Total Contact Hours:
Presenter(s):	
Sponsoring Organization:	Phone:
Place:	Date:

Training 2

Training Topic:	Total Contact Hours:
Presenter(s):	
Sponsoring Organization:	Phone:
Place:	Date:

Training 3

Training Topic:	Total Contact Hours:
Presenter(s):	
Sponsoring Organization:	Phone:
Place:	Date:

Training 4

Training Topic:	Total Contact Hours:
Presenter(s):	
Sponsoring Organization:	Phone:
Place:	Date:

Training 5

Training Topic:	Total Contact Hours:
Presenter(s):	
Sponsoring Organization:	Phone:
Place:	Date:

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 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.

- Applicants must be a member in good standing of CARP® and CAVEWAS.
An application for membership must be approved before an application for the Registered Vocational Professional (RVP) can be submitted to the National Registration Review Committee.
- RVP Application Form
Please ensure the Application Form has been completed fully and the Statement of Understanding has been read and signed.
- Core Competencies
Complete the required forms to indicate courses taken which fulfill the Core Competencies. **Attach all necessary documentation as previously instructed to support your request for approval of these training hours**, this to enable the National Registration Review Committee to assess courses to ensure fulfillment of the required academic core competencies.
- Training in Employment Services Field
Completion of the required form confirming pre-requisite training.
- Education Information
One copy of official academic transcripts must be submitted (unless transcripts are on file with CARP National)
- Employment Plan
Submit sample Employment Plan.
- Employment Information
Applicants working within a clearly defined employment position in the public, not for profit or private sector, a copy of the current job description must be included with the registration application. Applicants, who are self-employed must submit a detailed listing of duties and functions performed along with an up-to-date CV.
- Reference Forms
Two (2) references are required on the reference forms provided. The original copies of the reference forms must be submitted; fax copies are not acceptable. References must be current e.g., dated within a year of the RVP application. These forms can be submitted directly to the National Office.
- Application Fee
Enclose a non-refundable application fee of \$107.00 (includes GST) or \$115.00 (includes HST for Atlantic Provinces). Payment can be made by cheque or credit card (Visa or Master Card). Cheques are payable to CARP National. CARP/CAVEWAS membership fees MUST be paid in full.

Please submit the completed application to:

CARP® National
201 Consumers Road, Suite 302
Toronto, ON M2J 4G8