

# Office of Vocational Rehabilitation



## CRP Continued Education Units

(\* Due by July 1 of Calendar year with OVR Vendor Contract)

### Agency and Staff Information

Date: Agency Name:

Employment Specialist: Date of Hire:

Phone Number: Email Contact:

### Credentials / Certifications

Certified Employment Support Professional Credential good through:

Certified Rehabilitation Counselor (CRC) good through:

Assoc. of Community Rehabilitation Educators (ACRE) good through:

#### Marc Gold & Associates Certification

Discovery good through:

Job Development good through:

Systematic Instruction good through:

## Services Provided by Employment Specialist

Traditional SE, IPS and/or Customized Supported Employment

Employment & Retention

Pre-Vocational Services

**\* Please Note: Employment Specialist providing Supported Employment and/or Employment & Retention are required to obtain fifteen (15) hours of continuing education, four (4) pertaining to serving individuals who are deaf, blind, or DeafBlind. CRPs providing Pre-Vocational Services will be required to obtain five (5) hours in continuing education.**

## CRP Continued Education Trainings

**\* If additional space is needed for training, please request a continuation sheet by emailing [OVRCRP@ky.gov](mailto:OVRCRP@ky.gov)**

Training/Course:(select from list or enter training) Date: Hours:

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Training/Course:(select from list or enter training) Date: Hours:

Training/Course:(select from list or enter training) Date: Hours:

Training/Course:(select from list or enter training) Date: Hours:

## Deaf, Blind, or DeafBlind Training

Please list any training you received pertaining to serving individuals who are deaf, blind, or DeafBlind

Training/Course: Date: Hours:

Training/Course: Date: Hours:

Training/Course: Date: Hours:

# CEU Totals and Verification

Contract Year:

CRP CEU Credits:

Deaf/Blind CEU Credits:

Total CEU Credits:

Additional Notes:



**Please attach certification or verification of attendance for each training selected**

I acknowledge that the above information is correct, and that I was in attendance for the documented trainings. I have attached all certificates and attendance verification.

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Employment Specialist Signature

Date

I acknowledge that the above information is correct, and that the Employment Specialist was in attendance for the documented trainings.

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Supervisor Signature

Date