

**WOU Rehabilitation Counselor Education
WORK REPORTING FORM**

DEADLINE: Return no later than October 21, 2016

Please report on the following time period: OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

Next year's form will cover 10/1/16-9/30/17

You must return this form each year even if you are not currently working.

Check here _____ if you are **not** reporting any qualifying work experience this year.

Check here _____ if you have been a full time student this year. Institution: _____ Month/Year attending Full time _____

Please list your current mailing address:

NAME _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PLEASE REPORT ONLY ONE EMPLOYER PER SHEET. MAKE EXTRA COPIES AS NEEDED.

NAME OF EMPLOYER/AGENCY _____

Type of Agency _____ Job Title: _____

Work Street Address: _____

City _____ STATE _____ ZIP _____

Supervisor Name: _____ Supervisor phone and e-mail _____

DATES OF EMPLOYMENT (month/day/year): FROM: _____ TO: _____

Average hours employed per week : _____ hrs. Is this position considered full _____ or part-time _____

PLEASE INDICATE TYPE OF EMPLOYER YOU WORK FOR:

1 _____ State VR Agency 2. _____ Federal VA-VR Agency 3. _____ * Private Rehabilitation Organization or Other

***Does this *private* or *other* organization have a *contractual agreement* with state VR to serve state VR clients? _____ Yes _____ No**

HAVE YOU PASSED THE CRC EXAM? Yes _____ No _____ Date: _____

ARE YOU A LICENSED PROFESSIONAL COUNSELOR or intern? Yes _____ No _____ Licensure Date: _____

I certify that I provide professional services commensurate with my training to persons of disability and/or their families, and to the best of my knowledge the above information is correct:

Signature: _____ Date: _____

Phone #: _____ E-mail _____

RETURN TO:

**Cheryl Davis, Ph.D., Director
Regional Resource Center on Deafness
Western Oregon University
345 Monmouth Ave N.
Monmouth, Oregon 97361**

FAX 503-838-8228 or scan and email to davisc@wou.edu