



# Nebraska Workers' Compensation Court

## APPLICATION FOR CERTIFICATION VOCATIONAL REHABILITATION

VR-39 (8/2014)

### Applicant Contact Information

Last Name	First Name	M. I.
Office Phone	Ext.	Toll-Free Phone
FAX	E-Mail	
Cell Phone	Home Phone	
Company Name		
Certificate Mailing Address		
City	State	Postal Code
Case Mailing Address		
City	State	Postal Code

**Date of Application:** \_\_\_\_\_

I am requesting certification as:

Vocational Rehabilitation Counselor

Job Placement Specialist

Both

Professional certification(s):

CRC

CVE

ABVE

(Attach a copy of each certification)

Loss Of Earning Power (LOEP) Evaluations:

I am interested in receiving LOEP appointments

I have experience in providing LOEP evaluations (Attach explanation)

I know or am willing to learn how to perform LOEP evaluations

### Educational Requirements

Please include a copy of your transcripts and CEU Certificates if specialized training is being claimed in lieu of advanced education. Documents may be retained and not returned to you.

Names/locations of colleges, universities, or other schools attended	Major	Dates Attended	Qtr. Hrs.	Sem. Hrs.	Year Graduated	Degree

### Supervised Internship/Practicum

Complete this section ONLY if internships are being used in lieu of or to supplement qualifying work experience. Provide a description of your duties on a separate attachment.

Name of Program where Internship was Completed	Site Address (City & State)
Internship/Practicum Site Telephone Number	Dates of Internship/Practicum (Month/Day/Year)
On-Site Supervisor	Total Number of Supervised Hours

**Check the appropriate response to the questions below.** If you answer "yes" to any of these questions, you must attach a written explanation and, if appropriate, a final judgment or decree.

- Yes  No Have you ever had a professional license or certification revoked, suspended or relinquished voluntarily?
- Yes  No Have you ever been placed in a probationary status by a professional counseling credentialing body?
- Yes  No Have you ever been convicted of a felony or are you now or have you ever been charged with any ethical violation?
- Yes  No Have you ever been certified by the Nebraska Workers' Compensation Court? If so, provide certificate number, name at the time, and reason certification terminated.

## Professional Employment Experience

List all relevant professional employment experience which will qualify you for certification.

Begin with the **MOST RECENT** position. Attach a separate sheet if necessary.

Employer Name		
Employer Address		Employer Phone
Employment <b>Start</b> Date	Employment <b>End</b> Date	Hours Worked Per Week
Job Title	Supervisor Name	
Description of Duties		
Reason for Leaving		

Employer Name		
Employer Address		Employer Phone
Employment <b>Start</b> Date	Employment <b>End</b> Date	Hours Worked Per Week
Job Title	Supervisor Name	
Description of Duties		
Reason for Leaving		

Employer Name		
Employer Address		Employer Phone
Employment <b>Start</b> Date	Employment <b>End</b> Date	Hours Worked Per Week
Job Title	Supervisor Name	
Description of Duties		
Reason for Leaving		

## Statement of Understanding

I, the undersigned, hereby apply for certification to the Nebraska Workers' Compensation Court. I understand the Nebraska Workers' Compensation Court is the sole judge of my eligibility for certification. I understand certification is contingent on my satisfying all criteria or training and/or experience established by the Nebraska Workers' Compensation Court, including the submission of all required documents. I also understand any false, inaccurate or misleading statements in this application may result in denial or revocation of certification. I agree that data resulting from my participation may be used in a confidential manner for research and statistical purposes.

I certify that I have read and understand the attached Nebraska Workers' Compensation Court's Ethical Standards and Responsibilities. I furthermore agree to abide by the provisions outlined therein as a condition of the acceptance of my application.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**Please sign and return the Nebraska Workers' Compensation Court's Ethical Standards and Responsibilities with your application.**



## ETHICAL STANDARDS AND RESPONSIBILITIES

- (1) A vocational rehabilitation service provider seeking certification from the court as a vocational rehabilitation counselor and/or job placement specialist shall, with the application for certification, agree to comply with the following ethical standards and responsibilities:
  - (a) The vocational rehabilitation service provider's primary obligation is to the injured employee;
  - (b) The vocational rehabilitation service provider shall not engage in any activity which shall endanger the health, safety, or welfare of the injured employee, and will at all times respect the integrity and privacy of the injured employee;
  - (c) The vocational rehabilitation service provider shall not misrepresent his or her duties or credentials;
  - (d) The vocational rehabilitation service provider shall be unbiased and shall demonstrate honesty and objectivity in all interactions with the injured employee and other parties, including writing of reports, charging for professional services, and administration, scoring, interpretation and utilization of assessment instruments;
  - (e) The vocational rehabilitation service provider shall not conduct any psychometric or other evaluation that is beyond his or her scope of practice to administer, score, interpret, or utilize;
  - (f) The vocational rehabilitation service provider shall not recommend any medical examination, procedure, or test that is beyond his or her scope of practice to interpret or utilize;
  - (g) The vocational rehabilitation service provider shall disclose his or her purpose and role in providing vocational rehabilitation services to the injured employee. This shall be done in writing at the outset of the relationship, and shall include a notice that the injured employee has the right to disagree with a proposed vocational rehabilitation plan and the consequences of such a disagreement;
  - (h) The vocational rehabilitation service provider shall clearly identify to the injured employee all proposed vocational rehabilitation goals designed to help the injured employee return to suitable employment. Before submitting any vocational rehabilitation plan to the court, the vocational rehabilitation service provider shall ensure the injured employee clearly understands the vocational goals being proposed, the proposed method to attain those goals, and the period in which the goals are to be attained. If the injured employee disagrees with or refuses to sign the plan, the rehabilitation service provider shall also submit to the court a brief statement as to why the injured employee disagrees with or refuses to sign the plan;
  - (i) The vocational rehabilitation service provider shall not, except with agreement of all parties, attempt to influence the selection of a physician or other health professional, whether for purposes of examination or treatment;
  - (j) The vocational rehabilitation service provider shall not attempt to influence the medical opinion of a physician or other health professional;
  - (k) The vocational rehabilitation service provider shall not give legal advice, in any form, to the injured employee or advise the injured employee that legal assistance is not needed;
  - (l) The vocational rehabilitation service provider shall not engage in sexual harassment of an injured employee. "Sexual harassment" means deliberate or repeated unsolicited comments, gestures, or physical contact of a sexual nature.
  - (m) The vocational rehabilitation service provider shall not solicit referrals, either directly or indirectly, by offering money and/or gifts;
- (2) Failure to adhere to the above Ethical Standards and Responsibilities or failure to comply with the Code of Professional Ethics of The Commission on Rehabilitation Counselor Certification (CRCC), whether or not the vocational rehabilitation service provider is a member of such organization, may result in denial or revocation of certification or certification being placed in a probationary status.

**I have read and agree to abide by these standards.**

---

Signature

---

Date Signed