



College of Vocational Rehabilitation Professionals

Employee or Self Employment Verification Form

An **Employee Verification Form** is a document used by the college to confirm employment details.

The purpose is to:

- Confirm Employment for Registration
- Validate Professional Practice to ensure registrant is actively practicing in the profession under appropriate conditions
- Support Competency and Good Standing to verify employee is in good standing with the employer, has no disciplinary issues, and meets the college’s ethical and professional standards
- Provide Accurate Employment Details: job title, duties, employment dates, and supervisory information to confirm the scope of practice aligns with expectations

A **Self-Employment Verification Form** is a document used to confirm that an individual is self-employed and to provide details about their business and allows the self-employed applicant to attest to their own work status and signed by CCVE/CVE/ICVE/ABVE or registered Psychologist that provided supervision.

The purpose is to:

- Confirm Active Professional Practice: actively practicing in profession
- Validate Scope of Practice: verify that applicant self-employment activities align with the professional standards and authorized scope of practice set by the college
- Support Registration: applicants is engaged in legitimate work within field
- Competency and Good Standing to verify employee is in good standing with the employer, has no disciplinary issues, and meets the college’s ethical and professional standards
- Ensure Accountability and Public Safety: to confirm that self-employed professionals maintain proper business practices, ethical standards, and liability coverage

Applicant Name	
Applicant Email	
Applicant Phone #	
Employer/Company Name	
Employer/Company Address	
Employer/Company Email	
Employer/ Company Phone #	
Start Date of Employment/Company	
End Date of Employment/Company	

List Number & Type of Assessments completed by Applicant	
Employer/Owner Signature	
If self-employed CCVE/CVE/ICVE/ABVE or registered Psychologist that provided supervision Name	
If self-employed CCVE/CVE/ICVE/ABVE or registered Psychologist that provided supervision Signature	
Date	
Applicant /Company Signature	
Notes/Comments	