

CERTIFICATION REGARDING VOCATIONAL EVALUATION CREDENTIAL

The undersigned certifies that:

- Option 1.)** They possess a current certification/registration from the Professional Vocational Evaluators or Certified Vocational Evaluation Specialists **Or**;
- Option 2.)** They possess a current certification from the Commission on Rehabilitation Counselor Certification (CRCC). **Or**;
- Option 3.)** They possess a Wisconsin license for Professional Counseling. **Or**;
- Option 4.)** They possess a Bachelors or Master's degree in any of the following: Education, Psychology, Rehabilitation, Rehabilitation Psychology, School Psychology, Social Services, Special Education, or Vocational Evaluation. **AND**;

Meet the Standards for Educational and Psychological Testing as developed by the APA, AERA, and NCME to obtain, administer and interpret the required tests.

Additional for Option 4: *Upon request* the undersigned will produce a college transcript with successfully completed course work that demonstrates the following:

Test Construction, Evaluation, and Documentation

- Validity
- Reliability and Errors of Measurement
- Test Development and Revision
- Scales, Norms, and Score Comparability
- Test Administration, Scoring, and Reporting
- Supporting Documentation for Tests

Fairness in Testing

- Fairness in Testing and Test Use
- The Rights and Responsibilities of Test Takers
- Testing Individuals of Diverse Linguistic Backgrounds
- Testing Individuals with Disabilities

Testing Applications

- The Responsibilities of Test Users
- Psychological Testing and Assessment
- Educational Testing and Assessment
- Testing in Employment and Credentialing
- Testing in Program Evaluation and Public Policy

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who is found to have administered tests without the required credential will be subject to cancellation of their service agreement with DVR. Upon request the undersigned will produce proof of current compliance with the credential option identified.

Option: _____

Signature – Provider Authorized Representative

Date

Printed Name and Title of Authorized Representative

Provider Agency Name