

**Commonwealth of Pennsylvania  
State Civil Service Commission**

**APPLICATION SUPPLEMENT NO. 2010-011-2  
for  
VOCATIONAL REHABILITATION COUNSELOR INTERN (44825)**

**PARTICIPATION FORM**

**SECTION A (TO BE COMPLETED BY STUDENT):** The completed form (Sections A/Student & B/School Official) must be submitted **within 20 days of the Date of Online Application.**

Student Name

Date of Online Application

Student Electronic Signature - Type Full Name

**Daytime Telephone Numbers  
(Between 9:00 AM - 5:00 PM)**

Email Address

( )  
Home Phone Number (include area code)

Street Address

( )  
School Phone Number (include area code)

City State Zip Code

( )  
Cell Phone Number (include area code)

**SECTION B (TO BE COMPLETED BY SCHOOL):** A designated school official must complete Section B and submit the form **within 20 days of the date in Section A (Date of Online Application).**

We approve of this student's participation, if selected, into the Vocational Rehabilitation Counselor Intern Program with the Commonwealth of Pennsylvania. This student meets all of our school's requirements for participating in this internship.

This attests that the student will be enrolled in the final semester of a master's degree program in:

Rehabilitation Counseling

Rehabilitation Education

Rehabilitation Administration

The student will be enrolled in the final semester from: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Name of Department Chairperson

Electronic Signature of Department Chairperson

Title

Date

School Name

( )  
Telephone Number (include area code)

School Street Address

Email Address

City State Zip Code

**After completing Section B, submit the form by email to the following address:**

[ra-cs-internship@pa.gov](mailto:ra-cs-internship@pa.gov)

**Please type "2010-011-2" in the subject line.**

**Click [here](#) to download the latest version of Adobe Reader to submit the Application Supplement.**