

Private Vocational Rehabilitation Specialist Certification Application

Department of Workforce Development
Worker's Compensation Division
201 E. Washington Ave., Rm. C100
P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
Fax: (608) 267-0394
<http://dwd.wisconsin.gov/wc/>
e-mail: DWDDWC@dwd.wisconsin.gov

SEND COMPLETED FORM TO:

DO NOT WRITE IN THIS SPACE

PROVIDER NO: _____

Important Note: All persons who provide private-sector vocational rehabilitation services under the State of Wisconsin's Worker's Compensation Act must be certified by the Worker's Compensation Division prior to providing services to injured workers.

Failure to complete and submit this form for approval may result in non-payment for rehabilitation services provided to injured workers. Changes in qualification status must be reported immediately to the Worker's Compensation Division.

Please Print or Type

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

I. PERSONAL DATA

Applicant Name (Last, First, MI)	Telephone Number ()	E-Mail Address ()
Applicant Business Mailing Address (number, street, city, state and zip code)		
Employer	Telephone Number ()	Fax Number ()
Employer Mailing Address (number, street, city, state and zip code)		

II. QUALIFICATIONS

To be certified by the Worker's Compensation Division, you must have a current CRC, CDMS, CVE, State of Wisconsin Professional Counselor license, or comparable qualifications. Attach a copy of your certification.

Certification held: CRC CDMS CVE WI Professional Counselor License

If you do not have any of the listed certifications, you must submit **comparable qualifications with this application**. Also, list 3 professional references below:

(1)	_____	_____	()
	Name	Position	Telephone No.
(2)	_____	_____	()
	Name	Position	Telephone No.
(3)	_____	_____	()
	Name	Position	Telephone No.

(Over)

General Academic Qualifications

Earned Degree	Major Area	Date Awarded	Institution

III. EXPERIENCE IN VOCATIONAL REHABILITATION EMPLOYMENT

Employment Data (Current job first. List recent positions involving rehabilitation responsibilities.)
PLEASE DO NOT SEND RESUME.

Employer Name	Location	
Your Occupation	From	To
Employer Name	Location	
Your Occupation	From	To
Employer Name	Location	
Your Occupation	From	To

As a certified specialist, you will provide WC claimants with a full range of re-employment services. Please describe your training and experience in analyzing transferable skills, testing, job placement and retraining plan development.

Identify up to 6 Wisconsin cities where you will provide services: _____

Which Wisconsin counties do these cities represent: _____

IV. APPLICANT AFFIRMATION AND SIGNATURE:

I request certification by the State of Wisconsin Worker's Compensation Division as a private Vocational Rehabilitation Specialist. The information I have provided above is correct and true to the best of my knowledge.

I am now available to provide the necessary services injured workers may need to return to work.

Applicant Signature: _____

Date Signed: _____