Private Vocational Rehabilitation Specialist Certification Application

SEND COMPLETED FORM TO:

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

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

The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats. The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

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 Number

(2) _____ _____ _____
Name Position Telephone Number

(3) _____ _____ _____
Name Position Telephone Number

(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:_____