

MARYLAND WORKERS' COMPENSATION COMMISSION

REHABILITATION SERVICE PRACTITIONER
APPLICATION FOR WAIVER OF REGISTRATION

INSTRUCTIONS: This application may only be used if the applicant provides vocational rehabilitation services to no more than three (3) covered employees per year. Pursuant to Labor and Employment Article, §9-6A-11, Maryland Annotated Code, the Commission may grant a waiver of the \$150 application fee and continuing education requirements.

Applicant's Name: Last (Maiden) First MI

Home Address: Street City State Zip

Home Phone: Business Phone: Ext. Email Address:

Employer: WCC Provider Number:

Business Address: Street Suite # City State Zip

Current Job Title: Date Started:

Supervisor's Name: Title:

Job Duties:

Employment History: (Immediately prior to the above)

1. Company: Job Title:

Date of employment: From: To: Supervisor:

Supervisor's Title: Phone #: Ext.

Job Duties:

2. Company: Job Title:

Date of employment: From: To: Supervisor:

Supervisor's Title: Phone #: Ext.

Job Duties:

Primary service provided for the Maryland injured workers: Select one only

- Vocational Counseling, Job Development and Placement Occupational Therapy Medical Case Management
Work Hardening & Functional Capacities Assessment Telephonic Case Management Vocational Assessment Evaluation

Professional License(s) (If any):

Table with 4 columns: Issuing Agency, Title, Number, Expiration Date

Educational background: Indicate the education history closest to the field of current employment.

Table with 5 columns: School / Address, From: (MM/YY), To: (MM/YY), Graduate: (Y/N), Degree:

Applications will not be processed unless a copy of the applicant's professional license or original college transcript is received.

CERTIFICATION AND ACKNOWLEDGMENT

As an applicant for registration, I acknowledge that the Workers' Compensation Act requires that all practitioners that provide vocational rehabilitation in the State of Maryland to register with the Commission. I understand that any omission or misrepresentation of the information requested above might result in rejection of my registration application, and that failure to register, either due to non-submission of application for registration or rejection of application, may result in non-payment for rehabilitation services which have been provided.

Signature of Applicant

Date

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