


MARYLAND WORKERS' COMPENSATION COMMISSION
REGISTRATION WAIVER RENEWAL APPLICATION

INSTRUCTIONS: This renewal application may only be used by a provider of vocational rehabilitation services who has previously been granted a waiver of registration by the Workers' Compensation Commission. If you provide rehabilitation services to more than three Maryland covered employees per year, YOU MAY NOT USE THIS FORM. Please contact the Rehabilitation Office for further instructions.

Applicant's Name: _____ WCC VR#: _____

Home Address: _____

Home Phone: _____ Business Phone: _____ Ext. _____ Email Address: _____

Employer: _____ WCC Provider Number: _____

Business Address: _____

Current Job Title: _____ Date Started: _____

Supervisor's Name: _____ Title: _____

Job Duties: _____

Professional License(s) and Expiration Date(s): _____

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 and Evaluation

Do you provide rehabilitation services to more than three covered employees in a given year? Yes No
(If yes, YOU MAY NOT USE THIS FORM, please contact the Rehabilitation Office for further instructions.)

CERTIFICATION AND ACKNOWLEDGMENT

I acknowledge that the Workers' Compensation Act requires that all individuals who provide vocational rehabilitation services in the State of Maryland to register with the Commission. I understand that any misrepresentation or omission of the information requested above may result in rejection of my application renewal, 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. Subject to the acceptance of this application, I understand that I am required to notify the Commission of any change in the information submitted on this form including employment status and change of name or address. Failure to notify the Commission of changed information may result in the removal of my name from the Commission's directory of Vocational Rehabilitation Registrants. I hereby certify that the information provided on this application is true and accurate, and I authorize the Commission to verify this information provided.

Signature of Applicant

Date

10 East Baltimore Street · Baltimore, Maryland 21202-1641
410-864-5100 · Email: info@wcc.state.md.us · Web: <http://www.wcc.state.md.us>