



Vocational Rehab Registration

QuickStart Guide

REV 10/2024

The Voc. Rehab Registration process allows a Practitioner to complete Multiple tasks; Complete a new application, Complete a Renewal Application (Note Payment Instructions), Withdraw an Application, and Update their info.

Vocational Rehabilitation Practitioner Registration

Application Type

New Application: Waiver Application:

Renewal Application: Practitioner Registration:

Withdraw Application:

Update my License Information/Provider Information:

Continue

1 Select the application type and click 'Continue' to open the proper form(s).

Start Form

Practitioner Quiz

Quiz

Question	Response
1 The disabled covered employee should be informed about the risks using technology to send confidential information. Counselors should include that information when there is a client breach.	<input type="radio"/> True <input type="radio"/> False
2 A practitioner may not attend a medical examination unless the covered employee consents in writing. A practitioner may seek a healthcare provider's opinion following examination with the covered employee's consent only.	<input type="radio"/> True <input type="radio"/> False
3 Disabled covered employees have no choice but to use technology-based distance counseling within the rehabilitation counseling process. Counselors choose the method whether it is face-to-face or distancing counseling when providing services.	<input type="radio"/> True <input type="radio"/> False
4 A rehabilitation practitioner's professionalism must never be in question; the practitioner should treat each disabled covered employee with respect and dignity.	<input type="radio"/> True <input type="radio"/> False
5 Based on the hierarchy of services, there is an order of preference that a practitioner must follow when attempting to return a disabled covered employee back to suitable gainful employment.	<input type="radio"/> True <input type="radio"/> False
6 Maryland statute requires registration of all vocational rehabilitation practitioners (WCC nurses, vocational rehabilitation counselors, and vocational rehabilitation evaluators) and providers (companies or agencies) providing rehabilitation services for Maryland disabled covered employees within the State of Maryland.	<input type="radio"/> True <input type="radio"/> False
7 Vocational counselors or evaluators meeting the requirements of registration must work under the administrative supervision of a CRC, CVE, CSMS, CCM, or CRN, if they do not hold a certification or license.	<input type="radio"/> True <input type="radio"/> False
8 Vocational rehabilitation assessments that include job placement and job development are usually the responsibility of the medical case manager and vocational counselor.	<input type="radio"/> True <input type="radio"/> False

Practitioner Quiz

Personal Information

This is an MCRSP renewal application. Please complete all required information. This application will be returned if incomplete. The fee for renewal is \$150.00. Payment must be made at the time of application.

First Name: Carlos Middle Name: Last Name: Medina

Email: Carlos.Medina@wcc.state.md.us Address: 22991 GLENWOOD HEIGHTS CIR BRAMBLETON VA 20148-6473

Phone: 123-456-7890

Renewal Form

Personal Information

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. Supporting documentation such as college transcripts and/or board licenses must be uploaded to complete the application process. Practitioners whose registration has been waived must renew their registration every two years from the date of approval. Any changes in name, employment, or address information must be reported to the Commission immediately.

First Name: Tatiana Middle Name: Last Name: Diaz

Email: tatiana.diaz@wcc.state.md.us Address: 12 E BALTIMORE ST BALTIMORE MD 21201

Phone: [?]

Current Job Title: [] Date Started: MM/dd/yyyy []

Supervisor Name: [] Supervisor Title: []

Job Duties: []

Practitioner License/Certification Information Academic Information Practitioner Employment History

Is Practitioner Licensed or Certified? Yes No

Please use the add icon (+) to include the License/Registration Information.

Practitioner License/Certification Information

No records

+ []

Please use the add icon (+) to include the Practitioner Service Type Information for which you are registering.

Practitioner Service Type

No records

+ []

Provider Information

Please list the VOC practitioner organization with whom you are affiliated

Search: []

Provider Name: []

WCC Voc Provider Number: []

Email: [] Address: []

Phone: [?]

Upload Required Documents

Do you want to upload additional docs? Yes No

Upload Document: [] No files uploaded

The application will not be processed unless the applicant's professional license or certification information or original college transcript is attached.

Certifications and Signature

As an applicant for registration, I acknowledge that the Workers' Compensation Act requires that all the 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. 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 to include employment status and change of name or address. Any failure to provide notification 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 the information provided.

This application may only be used if the applicant provides vocational rehabilitation services to no more than three (3) covered employees per year. By checking this box, you are verifying that you are providing services to no more than (3) covered employees per year.

New Application

Vocational Rehab Registration



Application Withdrawal

The Withdraw Application option allows you to withdraw your application by completing a single form that prompts you to enter a reason.

Vocational Rehabilitation Practitioner Registration

Application Type

New Application:

Renewal Application:

Withdraw Application:

Update my License Information/Provider Information:

Continue

1 Once you have selected to Withdraw your submission you will be prompted to provide a reason.

Manage Voc Rehab Registration > Withdraw Registration

Personal Information

First Name: Carlos Middle Name: Last Name: Medina

Email: Carlos.Medina@wcc.state.md.us Address: 22991 GLENWOOD HEIGHTS CIR
BRAMBLETON VA 20148-6473

Phone: 123-456-7890

Reason for withdrawal

[Large text input area]

Vocational Rehab Registration

Updating Licensee Info.

A user can update their information by selecting 'Update my License Information/Provider Information'.



▼ Vocational Rehabilitation Practitioner Registration


Application Type

New Application:

Renewal Application:

Withdraw Application:

Update my License Information/Provider Information:

 This self service allows you to update your information using the Licensee and Provider tabs respectively.

License Information | Provider Information

▼ Personal Information

First Name: Catherine Middle Name: Last Name: Davis

Email: Ryenumula@wcc.state.md.us Address: 13457 Farmcrest Ct. ,Herndon ,MD, 32455

Phone: 9786574354

▼ Practitioner License/Certification Information

To edit existing license information, please enter the appropriate fields below. To add new license / certification information, please select + icon.

▼ License/Certification Info

Issuing Agency	License/Certification Type	License/Certification Number	Date Issued	Expiration Date
iss1	lic1	cer1	02/28/2023	04/03/2023
+				