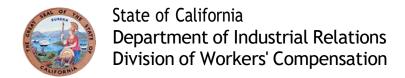
Name of College _



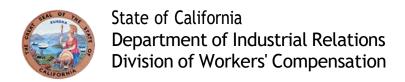
APPLICATION FOR APPOINTMENT AS A VOCATIONAL RETURN TO WORK COUNSELOR (VRTWC)

APPLICANT INFORMATION

| You may be requested to furnish verification of all entries on this form. | | | | |
|---|-------------------------------|----------------|-------------------|--|
| Applicant First Name | Middle | Last Name | | |
| Employer Entity Name | | | | |
| Address | | | | |
| City | State | Zip | | |
| Phone Number | Electronic Mail _ | | | |
| Indicate your mailing address, if dif | ferent from above | | | |
| Address | | | | |
| City | State | Zip | | |
| | POST SECONDARY | EDUCATION | | |
| Attach exact copies of all listed deg | grees or proof that degrees w | vere conferred | | |
| <u>Education</u> | | | | |
| Name of College | | Major | | |
| Address | | Degree _ | Degree month/year | |
| City | State | Zip | | |
| Name of College | | | | |
| Address | | | | |
| | | | Degree month/year | |
| City | State | Zip | | |
| <u>Graduate Education</u> | | | | |
| Name of College | | Major | | |
| Address | | Degree _ | Degree month/year | |
| City | State | Zip | | |

| Address | | Degree | |
|---------|-------|--------|-------------------|
| | | | Degree month/year |
| City | State | Zip | |





City

QUALIFYING EXPERIENCE

List all experience that qualifies you to be appointed as a VRTWC; start with the most recent Employer Name Type of facility Verification phone no. or email address City _____ State ____ Zip Code ____ Start Date End Date Description of position and duties performed: Employer Name Type of facility Verification phone no. or email address City _____ State Zip Code Start Date End Date Description of position and duties performed: **Employer Name** Type of facility Address Verification phone no. email address Zip Code City _____ Start Date End Date Description of position and duties performed: List those languages, other than English, in which you are verbally fluent: I understand that my status as a VRTWC is predicated upon properly completing the application and providing verification of education and experience as required. I may be removed for cause from the VRTWC list by the Division of Workers' Compensation if I falsify my application, am convicted of fraud or other crime that is related to the qualifications, functions or duties of a provider of vocational counseling services or if my actions as a VRTWC in the field of workers' compensation are not in keeping with the statute and regulations. I further attest that all the information provided herein is accurate and true to the best of my knowledge, as evidenced by my signature below. By signing below, I certify, under penalty of perjury, that all the information provided herein is true and correct. Signed by Date ____

_____ State _____