



**Texas Department of Insurance**  
**Division of Workers' Compensation**  
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For TDI-DWC Use Only

**Application for Inclusion on Registry of Private Providers of Vocational Rehabilitation Services**

*Type (or print in black ink) each item on this form*

**Important Note:** *There is no requirement for an insurance carrier to pay rehabilitation costs under Section 409.012 of the Texas Labor Code.*

**I. Provider Information**

1. <b>Provider Name</b> (First, Middle, Last)	
2. <b>Business Name</b> (if applicable)	3. <b>Business Mailing Address</b> (Street or PO Box, City State Zip)
4. <b>Telephone Number</b>	5. <b>Fax Number</b>
6. <b>Federal Tax ID Number</b>	7. <b>E-mail Address</b>

**II. Locations Where Services Are Provided**

List name and address of each location where services are provided.	
8. <b>Name</b>	<b>Address</b> (Street , City State Zip)
9. <b>Name</b>	<b>Address</b> (Street , City State Zip)
10. <b>Name</b>	<b>Address</b> (Street , City State Zip)
11. <b>Name</b>	<b>Address</b> (Street , City State Zip)

**Note:** You must attach an informational brochure or other document that describes the evaluation, assessment, assistance, placement, or support services you have available as the private vocational rehabilitation provider.

**III. Provider Credentials**

12. **Check all that apply and attach a copy of the licenses / certificates:**

<input type="checkbox"/> Licensed Professional Counselor (LPC) License Expires:	<input type="checkbox"/> Licensed Master Social Worker (LMSW) License Expires:
<input type="checkbox"/> Licensed Clinical Social Worker (LCSW) License Expires:	<input type="checkbox"/> Certified Case Manager (CCM) Certification Expires:
<input type="checkbox"/> Certified Rehabilitation Counselor (CRC) Certification Expires:	<input type="checkbox"/> Certified Vocational Evaluator (CVE) Certification Expires:
<input type="checkbox"/> Certified Disability Management Specialist (CDMS) Certification Expires:	

**IV. Provider Education / Training / Experience**

13. **List and provide dates of provider's education, training, or experience in vocational rehabilitation.**

**V. Provider Certification and Signature**

14. **I hereby certify the following:**

- I have the credentials identified in Section III; and,
- All vocational rehabilitation services will be provided only by myself (related services such as initial intake, providing job search skills, verifying job search efforts, liaison with potential employers, etc. may be provided by non-credentialed staff at the direction of the private provider).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** With few exceptions, upon your request, you are entitled to be informed about information TDI-DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004).