



VR-10: Voc Rehab Provider Enrollment

REV 10/2024

QuickStart Guide

The VR-10 process allows a user to enroll into CompHub as a "Vocational Rehabilitation Provider as well as revise any information once the organization has been enrolled. At the start of the process the user is presented with the Vocational Rehab. Provider form which will be blank if New and will contain the information previously entered if "Revision" is chosen. This process is found under **Start New Action>Voc Rehab>VR-10: Voc Rehab Provider Role**. **Please note that any practitioners being added must be CompHub Users.**

INSTRUCTIONS : Pursuant to COMAR 14.09.07.08 this form must be submitted to the Commission for enrollment as a Vocational Rehabilitation Provider Organization. Companies with subsidiaries and/or multiple office locations must submit a separate application for registration for each location. The location of the main branch office will be assigned a registration number for use by all branches. The Main Branch is responsible for providing information to all branches located out of state.

Any changes in company name, address, contact person, and professional staff MUST be reported to the Vocational Rehabilitation Office of the Workers' Compensation Commission within ten business days on the application form, signed and dated by the contact person.

1 Enter the Provider Details and the Provider Address using the textboxes and dropdowns provided.

Provider Details

Provider Name: Contact Person:
 Position Title: Email Address:

Provider Address

Street: Suite/Room Number:
 City: Country:
 State: Zip Code:
 Telephone: Extension:
 Fax:

2 Use the checkboxes to select or deselect the services provided by the provider, mutiple selections are allowed. Ensure all applicable boxes are selected.

TYPE(S) OF SERVICE(S) PROVIDED: (Check all appropriate fields)

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

3 Use the textboxes to enter the current number of staff using parenthesis and the number of staff (e.g. (4))

Current number of Professional Staff: (Enter corresponding numbers in the Parenthesis)

Vocational Counselors Vocational Evaluators
 Nurse Case Managers/Medical Coordinators Physical Therapists
 Telephonic Nurse Case Managers Occupational Therapists

4 To add practitioners click the plus icon and search for them using the subform.

Add Registered Vocational Rehabilitation Practitioners

Please enter the list of registered vocational rehabilitation practitioners currently providing services to Maryland disabled covered employees: Counselor (CR) Evaluator (ER) Nurse Case Manager (NCM) Case Manager (CM) Telephonic Case Manager (TCM) Physical Therapist (PT) Occupational Therapist (OT)

Please click on the '+' icon below to add the Practitioner.

Practitioners

No records

+

The VR-10 PDF displays upon submission.

Certifications and Signature

I HEREBY CERTIFY that on September 19, 2024, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

Provider Name: Test Provider	Contact Person: Test
Position Title: Test	Email Address: Comphub@wcc.state.md.us
Registration Number: 0001	Registration Date: 09/19/2024
Renewal Date: 09/19/2025	