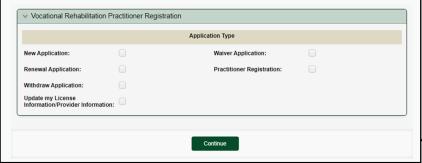
Vocational Rehab Registration

QuickStart Guide

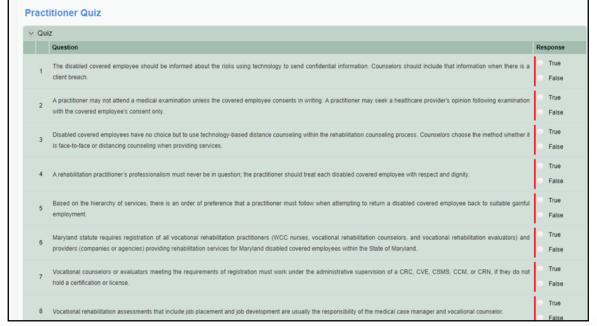
The Voc. Rehab Registration process allows a Practitioner to complete Multiple tasks; Complete a new application, Complete a Renewal Application (Note Payment Instructions), Withdraw an Application, and Update their info.



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

REV 10/2024

Start Form



Practitioner Quiz



Renewal Form



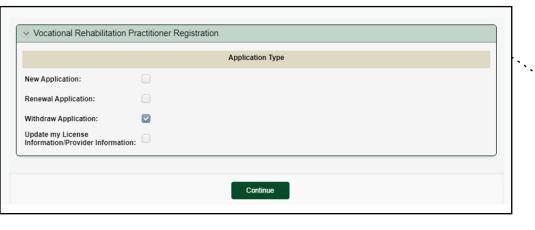
Personal Information				
INSTRUCTIONS: This application may only be used if the applicant provides Vocational Rehabilitation Services to no more than three (3) covered employees per year, pursuant to Labor and Employment Article, §5-6A-11, Maryland Annotated Code, the Commission may grant a waiver of 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 8 BAL	E BALTIMORE ST LTIMORE MD 21201	
Phone:		2		
Current Job Title:		Date Started:	MM/dd/yyyy iii	
Supervisor Name:		Supervisor Title:		
Job Duties				
Practitioner License/Certification Information	Academic Information Practitioner Employment R	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				
NO RECORDS				
+				
→ Provider Information				
Please list the VOC practitioner organization with whom you are affiliated				
Search:				Q
Provider Name:				
WCC Voc Provider Number:				
Email:	Address:			
Phone:	(I)			
✓ Upload Required Documents				
Do you want to upload additional docs?		Yes No		
bo you want to upload additional docs?		No files uploaded		
Upload Document:		P _a		
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 registerion of my registerion, and that failure to register, either due to non-aubmission of application for registerion or rejection of application, and that failure to register, either due to non-aubmission of application for registerion or rejection of my registerion, in 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

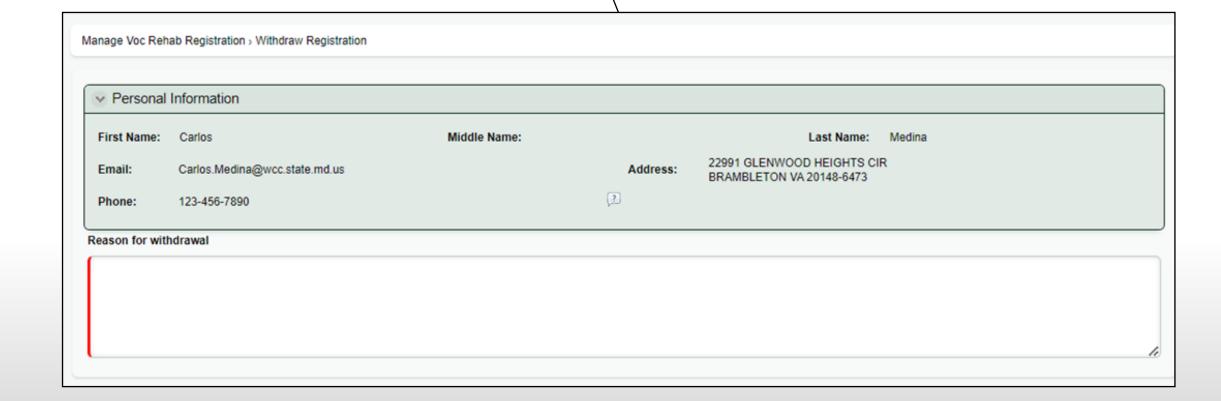
Vocational Rehab Registration

Application Withdrawal

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



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

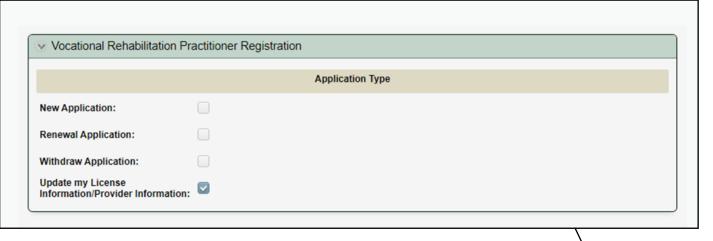




Vocational Rehab Registration

Updating Licensee Info.

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



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



