# 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.

1 To submit an application, choose 'New' or 'Renewal' in the left column and Waiver or Practitioner on the right hand side. 2 New Applications require you to complete the Application Form. • Vocational Rehabilitation Practitioner Registration • Vocational Rehabilitation Practitioner Registration • Waiver Application: • Waiver Application: • Practitioner Registration: • Update my License Information/Provider Information: • Continue • Start Form	6.4.1, Maryland Anothine Code, the Commission may grint a waiver of the \$100 application free and continuing declargeording documentation. Any changes in nane.   6.4.1, Maryland Anothine Code, the Commission may grint a waiver of the \$100 application free and continuing declargeording. Any changes in nane.   First Name: Talena disciplination of the provide disciplination of the commission may grint a waiver of the \$100 application free and continuing declargeording. Any changes in nane.   First Name: Talena disciplination of the provide disciplination disciplination discipline
	Provider Information
	Please list the VOC practitioner organization with whom you are affiliated
<b>3</b> <i>Renewal Applications only require you to confirm your existing information before submission.</i>	Provider Name: WCC Voc Provider Number: Email: Address: New Application
Personal Information	Upload Required Documents
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	Upload Document: The application will not be processed unless the applicant's professional license or certification information or original college transcript is attached.
Email: Carlos.Medina@wcc.state.md.us Address: 22991 GLENWOOD HEIGHTS CIR BRAMBLETON VA 20148-6473	Certifications and Signature
Phone: 123-456-7890 December 2012 Television December 2012	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, may result in non-payment for rehabilitation services which have been provided. Subject to the acceptance of this application of the information submitted on this form to include employment status and change of name or address. Any failure to provide notify the commission of my name from the Commission of any reault in the exploration Registration. I understand that any require the accurate, and I authorize the Commission of my name from the Commission of application registration application of the application of the accurate, and I authorize the Commission of my name from the Commission of application Registrants. I hereby certify that the information provided on this application is true and accurate, and I authorize the Commission to verify the information material 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.

Personal Information

INSTRUCTIONS: This applica

Find this process by navigating to **Start New Action>Voc Rehab Practitioner>Manage Voc Rehab Registration**. Alternatively, a user may register for the system as a practitioner which automatically submits an application to the Commission.



## 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. Most applications are approved within 48 hours, so it is important to withdraw once the need arises.

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Renewal Application:				alacted to Withd		
Withdraw Application:			T Once you have s	will be promoted	raw your	
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	Manage Voc Reha	ab Registration > Withdraw Registration				
	Personal	Information				
	Personal	mormation				
	First Name:	Carlos	Middle Name:		Last Name:	Medina
	Email	Carlos Medina@wcc state md us		Address.	22991 GLENWOOD HEIGHTS CIR	२
	Cindi.	Canos.mcana@rec.state.ma.us		Address	BRAMBLETON VA 20148-6473	
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#### **Updating Licensee Info.**

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



