



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

## 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.

**Start Form**

**3** Renewal Applications only require you to confirm your existing information before submission.

**Renewal Application**

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

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Application Type

New Application:

Renewal Application:

Withdraw Application:

Update my License Information/Provider Information:

Continue

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

Manage Voc Rehab Registration > Withdraw Registration

▼ Personal Information

First Name:	Carlos	Middle Name:		Last Name:	Medina
Email:	Carlos.Medina@wcc.state.md.us	Address:	22991 GLENWOOD HEIGHTS CIR BRAMBLETON VA 20148-6473		
Phone:	123-456-7890				

Reason for withdrawal

# Vocational Rehab Registration



## Updating Licensee Info.

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

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Application Type

New Application:

Renewal Application:

Withdraw Application:

Update my License Information/Provider Information:

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

License Information | **Provider Information**

▼ Personal Information

First Name: Catherine Middle Name: Last Name: Davis

Email: Ryenumula@wcc.state.md.us Address: 13457 Farmcrest Ct. ,Herndon ,MD, 32455

Phone: 9786574354

▼ Practitioner License/Certification Information

To edit existing license information, please enter the appropriate fields below. To add new license / certification information, please select + icon.

▼ License/Certification Info

Issuing Agency	License/Certification Type	License/Certification Number	Date Issued	Expiration Date
iss1	lic1	cer1	02/28/2023	04/03/2023
+				