State of California
Department of Industrial Relations
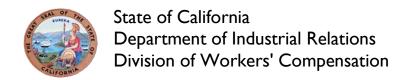Division of Workers' Compensation

APPLICATION FOR APPOINTMENT
AS A VOCATIONAL RETURN TO WORK COUNSELOR (VRTWC)

APPLICANT INFORMATION

You may be requested to furnish verification of all entries on this form.

Applicant First Name _____ Middle Name _____ Last Name _____

Firm name _____

Current Business Address _____

City _____ State _____ Zip _____

Phone Number _____ Electronic Mail _____

Indicate your mailing address, if different from above

Address _____

City _____ State _____ Zip _____

POST SECONDARY EDUCATION

Attach exact copies of all listed degrees or proof that degrees were conferred

Education

Name of College _____ Major _____

Address _____ Degree _____
Degree month/year

City _____ State _____ Zip _____

Name of College _____ Major _____

Address _____ Degree _____
Degree month/year

City _____ State _____ Zip _____

Graduate Education

Name of College _____ Major _____

Address _____ Degree _____
Degree month/year

City _____ State _____ Zip _____

Name of College _____ Major _____

Address _____ Degree _____
Degree month/year

City _____ State _____ Zip _____

QUALIFYING EXPERIENCE

List all experience that qualifies you to be appointed as a VRTWC; start with the most recent

Employer Name _____

Type of facility _____

Address _____

Verification phone no. or email address _____

City _____ State _____ Zip Code _____

Start Date _____ End Date _____

Description of position and duties performed:

_____

Employer Name _____

Type of facility _____

Address _____

Verification phone no. or email address _____

City _____ State_____ Zip Code _____

Start Date _____ End Date _____

Description of position and duties performed:

_____

Employer Name _____

Type of facility _____

Address _____

Verification phone no. email address _____

City _____ State_____ Zip Code_____

Start Date _____ End Date _____

Description of position and duties performed:

_____

List those languages, other than English, in which you are verbally fluent:

_____ _____ _____ _____

I understand that my status as a Vocational Return to Work Counselor is predicated upon properly completing the application and providing verification of education and experience as required. I may be removed for cause from the VRTWC list by the Division of Workers' Compensation if I falsify my application or if my actions as a VRTWC in the field of workers' compensation are not in keeping with the statute and regulations. I further attest that all the information provided herein is accurate and true to the best of my knowledge, as evidenced by my signature below.

Signed by _____ Date _____

City _____ State _____