DWC Forum Posting - December 2024 - Reads as if proposed changes have been adopted.

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

Last Name

Employer Name Address

City State Zip

Phone Number Electronic Mail

Indicate your mailing address, if different from above

Address

City State

# POST SECONDARY EDUCATION

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

Zip

*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

State of California

Department of Industrial Relations Division of Workers' Compensation

# 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 VRTWC 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, am convicted of fraud or other crime that is related to the qualifications, functions or duties of a provider of vocational counseling services or if my actions as a VRTWC in the field of workers' compensation are not in keeping with the statute and regulations. By signing below, I certify, under penalty of perjury, that all the information provided herein is true and correct.

**Signed by**  Date

City State