



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 Entity Name _____

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 _____
City _____ State _____ Zip _____
Degree month/year

DRAFT



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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. ~~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.~~ By signing below, I certify, under penalty of perjury, that all the information provided herein is true and correct.

Signed by _____ Date _____

 City _____ State _____