



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 must furnish verification of all entries on this form. All entries on this form may be verified.

NEW APPLICATION

UPDATED APPLICATION

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.

Undergraduate Education

Name of College _____ Major _____

Address _____ Degree _____
month/year

City _____ State _____ Zip _____

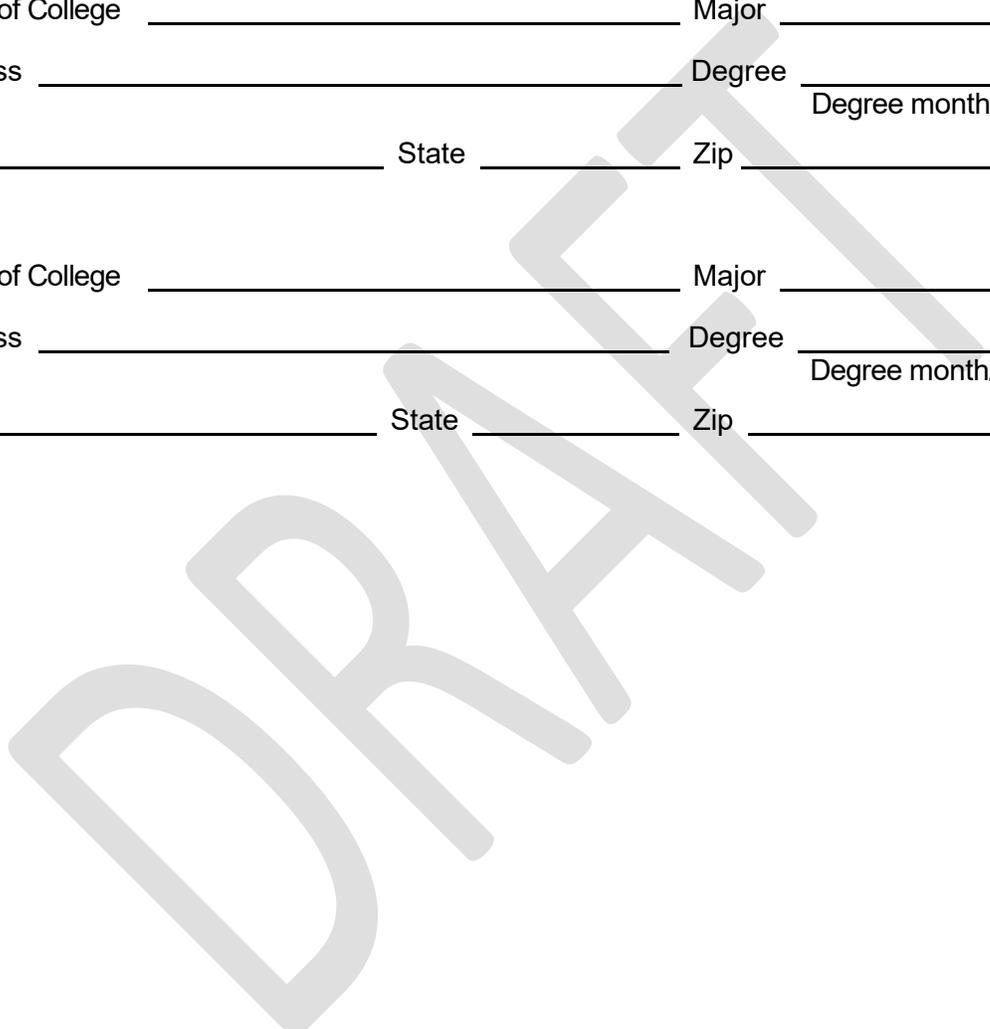
Name of College _____ Major _____

Address _____ 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 _____





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QUALIFYING EXPERIENCE

List all experience that qualifies you to be appointed as a VRTWC; start with the most recent. Please add additional attachments for work experience and/or resume if needed.

Employer Name _____

Title _____ Type of facility _____

Address _____

City _____ State _____ Zip Code _____ Phone no. or email address _____

Start Date _____ End Date _____

Supervisor name _____ Supervisor contact _____

Description of position and duties performed:

Employer Name _____

Title _____ Type of facility _____

Address _____

City _____ State _____ Zip Code _____ Phone no. or email address _____

Start Date _____ End Date _____

Supervisor name _____ Supervisor contact _____

Description of position and duties performed:

Employer Name _____

Title _____ Type of facility _____

Address _____

City _____ State _____ Zip Code _____ Phone no. or email address _____

Start Date _____ End Date _____

Supervisor name _____ Supervisor contact _____

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, fail to update information, 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 of 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.

Applicant Name _____

Applicant Signature _____ Date _____

City _____ State _____