

Name _____ L&I VRC Service Provider Number _____

Firm Name(s) _____

How can we contact you?

Mailing Address: _____

Phone: (____) _____ - _____

E-Mail: _____

Are you a firm or branch manager? Yes No (Circle one)

If so, for which firm? _____

In which service location(s) do you provide services? Check all that apply.

- | | | | |
|------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aberdeen | <input type="checkbox"/> Bellingham | <input type="checkbox"/> Bremerton | <input type="checkbox"/> Everett |
| <input type="checkbox"/> Kennewick | <input type="checkbox"/> Longview | <input type="checkbox"/> Moses Lake | <input type="checkbox"/> Mt. Vernon |
| <input type="checkbox"/> Olympia | <input type="checkbox"/> Port Angeles | <input type="checkbox"/> Seattle | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Tacoma | <input type="checkbox"/> Vancouver | <input type="checkbox"/> Wenatchee | <input type="checkbox"/> Yakima |

How long have you provided vocational rehabilitation services in Washington's workers' compensation system? _____

What percentage of your caseload is Washington State Fund? _____%

What percentage of your caseload is Washington Self-insurance? _____%

Other? _____% Please describe: _____

Required application supplements:

- Please attach a copy of your current resume to this application.
- Why do you want to be a member of the Vocational Technical Stakeholder Group? What qualities or perspective will you bring to the group? (Please respond in 500 words or less.)

Signature

Date