



Skill Enhancement Training Application

Mail or fax completed form to:

PO Box 44291
Olympia WA 98504-4291

Fax: 360-902-4567

Worker Name	Claim Number
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Submit this application if **all** of the following criteria are met:

- Request is within the available maximum benefit
- Requested items, technology, or software are required to complete the course or training
- Courses must start within 90 days of the request date and L&I approval received
- Applications must not exceed 90 days or one term
- Training provider and vendor have an active L&I provider number

VRC Required Attachments:

- Narrative Report signed by the vocational counselor and worker
- Copy of the worker's most recent [Activity Prescription Form \(F242-385-000\)](#).
- For self-insured claims, attach a [Self-Insurance Vocational Reporting Form \(F207-190-000\)](#)
- Complete training information (section below) with itemized course information, equipment (include delivery costs, if applicable), start and end dates, vendor name, vendor bids, L&I provider number, and totals of costs

Note: Funds are paid directly to training providers and vendors. Workers cannot be reimbursed.

Course Title and/or Equipment	Start Date	End Date	Vendor Name	L&I Provider Number	Cost

Vendor bill submission: Use procedure code **1307W**. Include the vendor invoice, a copy of the approved SET Application, and a [Statement for Miscellaneous Services form \(F245-072-000\)](#). For a self-insured claim, billing is submitted to the self-insured employer or third party administrator.

Requested By	Company Name
Phone Number Extension	Fax Number
Date	Requestor's Signature

L&I Use Only		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Total Amount Approved \$	Date	Signature Authority