Department of Consumer and Business Services

Vocational Assistance Certification Program
Registration of Vocational Assistance Provider

Workers' Compensation Division
Employment Services Team
350 Winter St. NE
P.O. Box 14480
Salem OR 97301-3879
800-452-0288 (toll-free)

❶

Name of provider: _____ Contact person: _____
Address: _____ Phone: _____
City: _____ Fax: _____
State: _____ ZIP: _____

❷

Additional office locations: (Attach additional sheet if necessary.)

Address	City	State	ZIP	Contact person/ phone no.	Cert no.

❸

Describe the specific vocational services to be provided.

_____
_____
_____
_____

❹

Staff roster: (Attach additional sheet if necessary.)

Name	SSN	Cert no.	Office location

_____ _____ _____
Provider Signature Title Date