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| http://inside.cbs.state.or.us/docs/branding/logos/wcd/en/JPEG/WCD-logo-black.jpg | | | | | | | | Request for approval of training program  by vocational rehabilitation counselor  *(See OAR 436-120-0820(2) for more information)* | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | Fax: |  | | | | | | | | |
| Address: | | | |  | | | | | | | | | | Phone: | | |  | | | | | | |
| City: | |  | | | | | | | | State: | | |  | ZIP: |  | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | | | | |
| Program title: | | | | |  | | | | | | | | | | | | | | | | | | |
| Program date: | | | | |  | | | | | | | | | | | | | | | | | | |
| Program sponsor: | | | | | |  | | | | | | | | | | | | | | | | | |
| Continuing-education credits (CEUs) requested: | | | | | | | | | | | |  | | | | | | | | | | | |
| **Please attach agenda and documentation of program content and explain relevance to vocational rehabilitation practices:** | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | |  |  | | | | | | | | |  |  | | |
| Signature of requester | | | | | | | | | |  | State of Oregon certif ication no. | | | | | | | | |  | Date | | |
| The Workers’ Compensation Division will approve or deny your request and return the form to you.  ***If your request is approved:***  ***Keep this approval and resubmit it at the time of renewal, along with proof of attendance and actual continuing education units earned.*** | | | | | | | | | | | | | | | | | | | | | | | |
| Department use only | | | | | | | | | | | | | | | | | | | | | | | |
| **Program approved** | | | | | | | | | **Program not approved** | | | | | | | | |  | | | |  | |
| **for** |  | | | | **CEUs** | |  | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | |  | | | |  |
| Employment Services Team  Resolution Section  Workers’ Compensation Division  350 Winter St. NE  P.O. Box 14480  Salem, OR 97309-0405  Phone: 503-947-7018; Fax: 503-947-7581 | | | | | | | | | | | | | | | |  | | | Date | | | |  |
| 440-4619 (3/25/DCBS/WCD/WEB) | | | | | | | | | | | | | | | | | | | | | | | |