|  |  |
| --- | --- |
| http://inside.cbs.state.or.us/docs/branding/logos/wcd/en/JPEG/WCD-logo-black.jpg | Request for approval of training programby 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:** |
|  |
|  |  |  |  |  |
| 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 TeamResolution SectionWorkers’ Compensation Division350 Winter St. NEP.O. Box 14480Salem, OR 97309-0405Phone: 503-947-7018; Fax: 503-947-7581 |  | Date |  |
| 440-4619 (3/25/DCBS/WCD/WEB) |