Workers' Compensation Division
Department of Consumer and Business Services

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:

_____

_____ _____ _____

Signature of requester | State of Oregon certification 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 for _____ CEUs **Program not approved _____**

_____ _____

Date

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

440-4619 (3/25/DCBS/WCD/WEB)