



Firm Vocational Provider Change Form

For firm changes, or to update individual VRC or intern information, the **vocational firm manager** can either:

- Email the information to PSRS@Lni.wa.gov.
- Or**
- Use this form to submit your updates. You can:
 - Email PSRS@Lni.wa.gov, or
 - Fax to 360-902-6706, or
 - Mail to the address shown above.

Note: This form is required when the firm is changing managers. See #13 on p. 3.

Note: To change addresses for firm's payment and IRS Form 1099, you must submit the [Provider Account Change Form](#) (F245-365-000).

1. Firm's Information (required)

Firm's Name	Firm's Provider Number
-------------	------------------------

2. Change firm's physical location (firm's headquarters)

New Location (This address cannot be a PO Box)

Address	City	State	Zip Code
Phone Number	Fax Number		

3. Change firm's correspondence address

New address where firm's mail should go

Address	City	State	Zip Code
Phone Number	Fax Number		

4. To open, close, or change a referral hub branch for firm or VRC, complete Appendix A on pp. 4-6.

5. Staff Deletions – VRCs and/or interns no longer with your firm (You may copy this form)

Provider Name	Provider Number	VRC/Intern ID#	Date of Separation
Provider Name	Provider Number	VRC/Intern ID#	Date of Separation

6. Add or delete firm designee for VocLink Connect

Check one	Effective Date	Name (please print)	Branch Location(s)	LINIIS Logon ID (if assigned)
<input type="checkbox"/> Add <input type="checkbox"/> Delete				
<input type="checkbox"/> Add <input type="checkbox"/> Delete				

7. Change VRC or Intern Email and/or Phone

Individual's Name	Provider Number
Email	Phone

8. To update VRC credential, send a copy of certificate to PSRS@Lni.wa.gov

9. Change intern supervisor (must have previously applied with [Vocational Intern Supervisor Application](#) and received approval)

Intern's name	Intern's VRC ID	Provider number
New Supervisor's name	Supervisor's VRC ID	Provider number

10. Request forensic status for VRC

<input type="checkbox"/> Enter number of years providing direct vocational services working with Washington industrially injured or ill workers.		
<input type="checkbox"/> Attach copy of current CRC or ABVE credential		
<input type="checkbox"/> List work history providing a total of five years of full-time experience providing direct vocational services to Washington State industrially injured or ill workers.		
Employer	Dates worked From	Dates worked To

11. VRC or intern name change (attach documentation: marriage license, divorce decree, or court order)

Previous vocational provider name	New vocational provider name
-----------------------------------	------------------------------

12. Change VRC's or intern's primary branch address (branch used as starting point for billing travel)

VRC name		Provider number	
Old Primary Branch Address	City	State	Zip Code
Old Phone Number			
New Primary Branch Address	City	State	Zip Code
New Phone Number			

13. Change firm manager (Firm manager must be registered with L&I as a vocational provider and have current credentials on file.)

I (print name of new vocational manager) _____ attest that all of the information presented here by me is true and accurate and that I will abide by the terms of the agreement in Part D of the [Vocational Provider and Firm Application](#) (F252-088-000). I have also read and signed the [Vocational Firm Quality Assurance Plan](#).

New firm manager's name	Provider number
Signature new firm manager (required)	Date

Appendix A. Changes to vocational referral hub branch

Firm manager—Use this form to submit changes to referral hub branch information for VRCs (Part 1) and firms (Part 2). Indicate which type(s) of changes you are requesting by checking the boxes below.

Part 1

I am updating the referral hub branch(es) where the VRC (shown below) will be assigned. I have listed the individual's three contiguous branches below. (You may copy this page if you are making changes for more than one VRC.)

Reminders:

- Individuals are limited to a maximum of three contiguous services locations.
- If changes affect the address used as the individual's *primary* branch, complete number 12 above.

Firm's name		Firm's provider number
VRC's name	VRC's ID number	VRC provider number

Referral hub branch information for individual VRC

Service location name & number	Branch number
--------------------------------	---------------

Referral hub branch information for individual VRC

Service location name & number	Branch number
--------------------------------	---------------

Referral hub branch information for individual VRC

Service location name & number	Branch number
--------------------------------	---------------

Part 2

I am updating the referral hub branch(es) for my firm. (You may copy this page if you need more room.)

Reminders:

- Firms will have only one referral hub branch per service location.
- If deleting or changing a referral hub branch address that is also used as a primary branch for individual providers, list the individuals affected in Part 3 on the next page.

Firm's name	Firm's provider number
-------------	------------------------

Referral hub branch information for firm (Check the type of change you are requesting for each address entered.)

Note: Only use "Change address" when new address is within the existing referral hub branch's service location.

<input type="checkbox"/> Open a referral hub branch in a new service location <input type="checkbox"/> Close an existing referral hub branch in a service location <input type="checkbox"/> Change address of an existing referral hub branch			
Service location name & number		Branch number	
Street address (cannot be a PO box)	City	State	Zip Code
Phone number		Fax number	

<input type="checkbox"/> Open a referral hub branch in a new service location <input type="checkbox"/> Close an existing referral hub branch in a service location <input type="checkbox"/> Change address of an existing referral hub branch			
Service location name & number		Branch number	
Street address (cannot be a PO box)	City	State	Zip Code
Phone number		Fax number	

<input type="checkbox"/> Open a referral hub branch in a new service location <input type="checkbox"/> Close an existing referral hub branch in a service location <input type="checkbox"/> Change address of an existing referral hub branch			
Service location name & number		Branch number	
Street address (cannot be a PO box)	City	State	Zip Code
Phone number		Fax number	

Part 3

List all individual providers whose primary branch address is affected by Part 2 updates above.

Name(s)	Provider number