



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES
P.O. BOX 44326 • Olympia, Washington 98504-4326

Dear vocational provider or firm manager,

Thank you for your interest in helping Washington's injured workers heal and return to work.

Use this application to seek a new Department of Labor and Industries (L&I) provider number for:

- Vocational firm
- Vocational rehabilitation counselor (VRC)
- Vocational rehabilitation counselor intern

Please review the requirements and instructions for submitting applications on pages 2 and 3.

Upon approval, we will assign applicants important identifying numbers. You will need to use these number when communicating with us. These numbers are:

- **L&I provider number** – used when billing L&I
 - New firms will receive an L&I group provider number.
 - New vocational providers associated with a firm will receive an individual provider number.
- **VRC ID number** – the unique identifier for you as a VRC or intern new to Washington State, regardless of the firm you work for

To learn more about billing, how to notify us of changes, and more, visit [Working With L&I](#) .

If you have questions, please call **360-902-6756** or email PSRS@Lni.wa.gov.

Thank you,

L&I Private Sector Rehabilitation Services (PSRS)

Application Instructions

What you need before you apply

All new firms must:

- Hold a current Washington business license.
- Possess proof of insurance.
- Have opened a workers' compensation account with L&I if hiring employees. For more information, see L&I's web page [How to Get a Workers' Compensation Account](#).
- Ensure your firm manager is registered with us as a VRC (if they aren't, you can take care of this while you are applying as a new firm).

New firms that want referrals to provide services on State Fund claims must also:

- Identify your firm's quality assurance (QA) representative. The firm manager can choose to serve in this role or appoint a qualified, credentialed VRC. The QA representative is responsible for administering your QA plan and attending QA discussions with L&I. For more information, see the [Vocational Firm Quality Assurance Plan](#).
- Attend L&I's orientation session along with your QA representative. To get started, email VocRecoveryProject@Lni.wa.gov to schedule the orientation session.

Application requirements for new firms

All new firm applicants must submit

- ☐ Parts A, B, and C — Vocational Provider and Firm Application
- ☐ Part D — Vocational Provider and Firm Agreement
- ☐ Part E — (For firm manager) Request to Maintain or Deactivate Current Vocational Provider Number(s)
- ☐ Part F — Branches Where You and Your VRCs Will Work
- ☐ Part G — (For firm manager) Pertinent Vocational Work History
- ☐ Copy of vocational firm's IRS Form W-9
- ☐ Copy of firm manager's current vocational credential(s)
- ☐ Copy of Washington State business license with issue date and expiration date
- ☐ Proof of insurance covering all individuals associated with the firm as required by [WAC 296-19A-210](#)(8)(b):
 - ☐ General liability
 - ☐ Automobile liability – *Redact personal information except name and coverage dates*
 - ☐ Errors and omissions – *(usually part of "professional liability insurance")*
 - ☐ Malpractice – *(usually part of "professional liability insurance")*
 - ☐ Industrial insurance if required by Title 51 RCW

New firms wanting to receive referrals from L&I must also submit

- ☐ The signature page of the [Vocational Firm Quality Assurance Plan](#), signed by firm owner/manager
- ☐ The [Vocational Recovery & Firm Quality Assurance Attestation Form](#), signed by firm owner/manager

Note: All firms wanting to receive referrals from L&I must submit the [Annual Vocational Firm Agreement](#) (F252-129-000) in December each year.

Application requirements for new VRCs

Firms submitting an application for a new VRC must include

- ☐ Parts A, B, and C — Vocational Provider and Firm Application
- ☐ Part D — Vocational Provider and Firm Agreement
- ☐ Part E — Request to Maintain or Deactivate Current Vocational Provider Number(s)
- ☐ Part F — Branches Where You and Your VRCs Will Work
- ☐ Part G — Pertinent Vocational Work History
- ☐ A completed [Vocational Intern Supervisor Expectations](#) form, when requesting full VRC status for an intern who will work State Fund referrals
- ☐ Copy of vocational firm's IRS Form W-9
- ☐ Copy of current vocational credential(s)
- ☐ Copy of VRC intern's personal auto liability insurance, if not covered by the firm.

Application requirements for new VRC interns

Firms submitting an application for a new VRC intern must include

- ☐ Parts A, B, and C — Vocational Provider and Firm Application
- ☐ Part D — Vocational Provider and Firm Agreement
- ☐ Part E — Request to Maintain or Deactivate Current Vocational Provider Number(s)
- ☐ Part H — Intern Supplemental Application
- ☐ Copy of vocational firm's IRS Form W-9
- ☐ Copy of VRC's personal auto liability insurance, if not covered by the firm.

How to submit your application

- Fax this completed application – with required supporting documentation – to 360-902-6706.
- Visit [ProviderOne](#) to initiate a new enrollment. Upon request, PSRS will send step-by-step instructions.

Note: The [Washington State Health Care Authority](#) will send approved new firms a ProviderOne ID, which is used to access and manage your online account. They will also send the firm welcome letters for any newly approved VRCs and interns.

A. Application Type

I am applying as a (*select all that apply*):

☐ Firm ☐ Manager ☐ VRC ☐ Forensic ☐ Intern supervisor ☐ Intern

Note: To apply as an **intern supervisor**, you must also submit a completed [Vocational Intern Supervisor Application](#) (F280-072-000).

B. Firm Information

1. Business Information

Tax Payer Identification Number (EIN)	Firm Provider Number
Legal Business Name (Firm name when billing L&I)	Firm Manager's Provider Number
Doing Business As (DBA) Name (if applicable)	
Firm Manager's Name (<i>must be a currently credentialed VRC</i>)	Firm's Phone Number
Contact Person's Name (<i>alternate contact for application questions</i>)	
Quality Assurance Representative's Name	

2. Physical Location Address — firm's headquarters

Street Address (may not be a PO Box)		
City	State	Zip Code
Phone Number	Fax Number	

3. Payment Address — where the firm's checks and remittance advices should go

☐ Same as Location Address

Address		
City	State	Zip Code
Phone Number	Fax Number	

4. 1099 Address – where we'll mail your IRS Form 1099 at year's end: Information must match your IRS Form W-9

Address (as shown on your income tax return)	Legal name associated with Tax ID (per IRS Form W-9)	
City	State	ZIP

5. Correspondence Address — where the firm's mail should go

☐ Same as Location Address

☐ Same as Payment Address

Address		
City	State	Zip Code
Phone Number	Fax Number	

6. Out of State/Country Referrals

Does your firm want to receive out of state/country referrals? <input type="checkbox"/> Yes <input type="checkbox"/> No
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C. Individual Vocational Provider Information

1. Individual Information

Provider's Name (Last, First, Middle Initial)	Existing L&I VRC ID Number <i>(if applicable)</i>
Date of Birth — we need your date of birth to initiate a background check. See WAC 296-19A-268 .	
Individual Provider's Referral Contact Phone	

2. Primary Branch Information

(The firm's branch office you will use as your starting point for billing travel) Address		
City	State	Zip Code
Individual Provider's Primary Branch Phone	Individual provider's email address with this firm	

3. Referrals & Certifications (for VRCs only)

I will accept referrals for: <input type="checkbox"/> State Fund <input type="checkbox"/> Self-Insured <input type="checkbox"/> Both <input type="checkbox"/> Neither NOTE: Interns cannot receive referrals.		
Credentials(s) you have – attach copies of certificate(s) <input type="checkbox"/> CRC <input type="checkbox"/> CDMS <input type="checkbox"/> ABVE		
Number of years of industrial insurance experience. Complete Part G Pertinent Vocational Work History.		
If you are applying for forensic status, enter number of years providing direct vocational services working with Washington industrially injured or ill workers and complete Part G Pertinent Vocational Work History.		

4. Intern Information

Interns must provide supervisor's name below **and** complete Part H Intern Supplemental Application.

Supervisor's Name	Supervisor's VRC ID Number	Supervisor's Provider Number
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5. Automobile Liability

You or your firm must provide proof of coverage. Be sure to redact personal information except name and coverage dates.

- ☐ Provided by individual (Send insurance ID card with personal information redacted.)
- ☐ Provided by firm (Already on file with firm's Annual Vocational Firm Agreement.)

D. Vocational Provider and Firm Agreement

The vocational provider and firm owner or manager agree:

I, _____ agree to abide by the terms of this
Individual vocational provider's name

agreement, and by all applicable federal and Washington State statutes, rules, and policies. I understand and agree to the following:

1. **Service.** I understand that I am responsible for the quality of service that I provide. I further agree that I will provide services that comply with Washington law and Department of Labor and Industries (L&I) rules and policies, including but not limited to: [Title 51 RCW \(Industrial Insurance Act\)](#), [WAC 296-19A](#), and L&I's policies, including its fee schedules and billing and payment policies. I further agree that I will provide quality service that is respectful, equitable and responsive to diverse cultural health beliefs, practices, preferred languages, and communication needs in accordance with the National Standards for Culturally and Linguistically Appropriate Services ([CLAS](#)) in Health and Health Care. Providers are required to ensure spoken and sign language access according to [Title VI of the Civil Rights Acts of 1964](#) and the [Americans with Disabilities Act \(ADA\)](#). Interpreting for an injured worker or a crime victim is covered by L&I and does not require prior authorization.

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in any program or activity that receives federal funds or other federal financial assistance. This includes discrimination based on limited English proficiency (LEP) persons. As a result, recipients and sub-recipients of federal financial assistance are responsible for taking reasonable steps to ensure meaningful access by LEP persons to the recipients' and sub-recipients' programs or activities, including the use of an interpreter. Failure to do so constitutes illegal discrimination and is a violation of an individual's civil rights. Since L&I is the recipient of federal funding, vocational providers and others whom L&I pays are sub-recipients.

2. **Billing.** I will bill according to L&I's billing rules and policies and understand that payments will be made according to L&I's [Medical Aid Rules and Fees Schedules \(MARFS\)](#) which were in effect at the time the service was rendered.
3. **Payment.** I agree to accept payment from L&I, Crime Victims Compensation Program, or the self-insured employer as sole and complete payment for covered services in accordance with [WAC 296-20-010](#). I specifically agree not to bill the worker for services covered by the industrial insurance program or the difference between the billed and paid charges.
4. **Overpayment.** If I receive payment from L&I or from a self-insured employer in error or in excess of the amount properly due, I will promptly notify L&I and return such excess amounts to L&I or the self-insured employer.
5. **Underpayment.** If I believe additional funds are due, I will submit a [Provider's Request for Adjustment](#) (F245-183-000) within the timelines specified in the rule or on the remittance advice.
6. **Records and audits.** I agree to complete and maintain all records to fully justify and disclose the extent of the services or items furnished and bills submitted. I will maintain these records for a minimum of five years. I understand and agree that L&I may audit, review, or investigate services provided under this agreement. I understand that should I fail to retain and maintain records, or to provide access to L&I, that L&I may recover payments not adequately documented or take other action.
7. **Notify L&I of changes.** I agree to notify L&I in writing within 14 days of any change. This includes but is not limited to: a change in contact information; my staff's or my own provider status, (for example, certification, disciplinary action, limitation to privileges); federal tax information changes; ownership or incorporation; and location, payment, or correspondence addresses. I can find L&I's qualification standards in [WAC 296-19A-210](#).

8. **Background checks.** I understand that vocational providers are subject to periodic criminal background checks at least once every two years, in addition to satisfying a background check before receiving a provider number, pursuant to [WAC 296-19A-268](#).
9. **New firms.** I understand that all vocational firms must comply with all business requirements outlined in [WAC 296-19A-210](#), including maintaining:
- A unique federal tax identification number (federal Employer Identification Number or Social Security Number) and, if hiring employees or opting for coverage as a self-employed sole proprietor, a Unified Business Identifier and industrial insurance account in good standing.
 - General liability insurance, automobile liability insurance, errors and omissions insurance, malpractice insurance, and industrial insurance if required by [Title 51 RCW](#).
 - Services and facilities that provide injured workers a private and professionally suitable location in which to discuss vocational rehabilitation services issues.
 - Telephone-answering capability during regular business hours, Monday through Friday.
 - Access to equipment that can utilize L&I's remote access system for transmitting vocational referrals.
10. **Firms' eligibility to receive referrals from L&I.** I understand that, to be eligible to receive referrals from L&I to provide services on State Fund claims, the firm owner or manager must:
- Attend L&I's orientation session.
 - Complete, sign and submit this Vocational Provider and Firm Agreement, including all required documentation. Note: This form represents the initial Annual Vocational Firm Agreement in 10b.
 - Submit an updated [Annual Vocational Firm Agreement](#) (F252-129-000) annually.
 - Review and sign L&I's [Vocational Firm Quality Assurance Plan](#).
 - Fulfill 9a, 9c and 9d (in new firm section above) in every service location in which the firm wishes to operate.

The following documentation is required for new firms only.

Proof of insurance covering all individuals associated with the firm as required by [WAC 296-19A-210](#)(8)(b)

- ☐ General liability
- ☐ Automobile liability – *Redact personal information except name and coverage dates*
- ☐ Errors and omissions – *(usually part of “professional liability insurance”)*
- ☐ Malpractice – *(usually part of “professional liability insurance”)*
- ☐ Industrial insurance if required by [Title 51 RCW](#)

L&I reserves the right to deny, revoke, suspend, or condition a provider's authorization to provide vocational services to injured workers in accordance with Washington laws and rules.

Statement of Agreement

I agree to abide by the terms of this agreement and by all applicable federal and Washington State laws, rules and policies. I have enclosed with my application all required supporting information to establish a vocational provider account, including a current copy of my credential(s) (if I am credentialed) and a copy of the firm's IRS Form W-9. I understand that issuance of a provider number by L&I does not guarantee I will receive any vocational referrals from L&I.

My signature below indicates that I certify that my information provided is correct and that I have fully read this document and voluntarily agree to the terms. If I am signing as a firm owner or manager for an individual who is applying, I attest that the individual is covered by the insurances required by [WAC 296-19A-210](#)(8)(b).

_____ Vocational Provider's Signature	_____ Title	_____ Date
_____ Firm Owner or Manager's Signature	_____ Title	_____ Date

E. Request to Maintain or Deactivate Current Vocational Provider Number(s)

To be completed by all individual vocational providers

- If you've never had an L&I VRC ID number, enter "N/A" in the L&I VRC ID Number box below.
- If you have a current L&I VRC ID number, enter it in the L&I VRC ID Number box below and complete the request to maintain or deactivate your provider number(s).

Individual's Name	L&I VRC ID Number
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Employer/Firm Name	Employer/Firm Provider Number	Your Provider Number
<p>I wish to:</p> <p><input type="checkbox"/> Maintain my provider number with this firm.</p> <p><input type="checkbox"/> Deactivate my provider number with this firm.</p> <p>Last Date of Employment</p>		

Employer/Firm Name	Employer/Firm Provider Number	Your Provider Number
<p>I wish to:</p> <p><input type="checkbox"/> Maintain my provider number with this firm.</p> <p><input type="checkbox"/> Deactivate my provider number with this firm.</p> <p>Last Date of Employment</p>		

Employer/Firm Name	Employer/Firm Provider Number	Your Provider Number
<p>I wish to:</p> <p><input type="checkbox"/> Maintain my provider number with this firm.</p> <p><input type="checkbox"/> Deactivate my provider number with this firm.</p> <p>Last Date of Employment</p>		

F. Branches Where You and Your VRCs Will Be Assigned Referrals

To be completed by firm manager

- List all referral hub branches where you would like to receive referrals.
- Complete the address, city, phone number, and fax number (if applicable) for each referral hub branch.
- Note:
 - Firms will have only one referral hub branch per service location.
 - Individuals are limited to a maximum of three contiguous service locations.

Name	L&I VRC ID Number
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Street Address		City
Phone Number	Fax Number (if applicable)	
L&I Use Only	SL Name and Number	Branch Number

Street Address		City
Phone Number	Fax Number (if applicable)	
L&I Use Only	SL Name and Number	Branch Number

Street Address		City
Phone Number	Fax Number (if applicable)	
L&I Use Only	SL Name and Number	Branch Number

Does the VRC want to receive out of state/country referrals? <input type="checkbox"/> Yes <input type="checkbox"/> No
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NOTE: To change branches later, your firm can either email the information to PSRS@Lni.wa.gov or use the [Firm Vocational Provider Change Form](#) (F252-022-000) to submit changes.

G. Pertinent Vocational Work History

To be completed by all individual vocational providers. Not necessary for intern applicants.

List your experience with industrially injured workers only. If additional entries are needed, you may reprint this page.

Name	L&I VRC ID Number
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Employer Name	Employment Dates (mm/yy – mm/yy)	Total Months
Supervisor Name	Employer Phone Number	
Position Title	Hours Worked Per Week	
Address	City	State Zip Code
Duties		

Employer Name	Employment Dates (mm/yy – mm/yy)	Total Months
Supervisor Name	Employer Phone Number	
Position Title	Hours Worked Per Week	
Address	City	State Zip Code
Duties		

Employer Name	Employment Dates (mm/yy – mm/yy)	Total Months
Supervisor Name	Employer Phone Number	
Position Title	Hours Worked Per Week	
Address	City	State Zip Code
Duties		

Employer Name	Employment Dates (mm/yy – mm/yy)	Total Months
Supervisor Name	Employer Phone Number	
Position Title	Hours Worked Per Week	
Address	City	State Zip Code
Duties		

H. Intern Supplemental Application

Intern Applicant:

Please review [WAC 296-19A-210\(4\)](#).

- Based on this review, please complete the following section of this supplemental application and return this form to L&I along with the rest of your application.
- This page must be completed and signed by the applicant.

Intern Application Statement

- I am applying for a vocational provider internship.
- I understand that before I can request full VRC status, and if I will be working on referrals from L&I, I must have completed all the items outlined in the [Vocational Intern Supervisor Expectations](#).
- I understand that I am responsible for knowing the amount of experience I need to satisfy the credentialing organization eligibility requirements.
- I understand that L&I will set an internship period based upon [WAC 296-19A-210](#).
- I understand that L&I is not responsible or liable for guaranteeing that my experience will be acceptable to the credentialing organization.
- I understand that it is my responsibility to ensure that the experience I obtain will be acceptable to the credentialing organization.
- I understand that I must obtain one of the identified credentials within one year of the internship expiration date provided to me by L&I, or my provider number(s) will be terminated.

Credentialing that I intend to pursue:

☐ CDMS

☐ CRC

☐ ABVE

Highest education level:

☐ Bachelor's

☐ Master's

☐ Ph.D.

- ☐ I have not been previously registered as an intern with L&I.
- ☐ I have been previously registered as an intern with L&I. (List VRC ID number and any previous provider numbers below.)
- _____
- _____

Print Intern Name

Intern Signature

Date

Note:

- All intern applications will be approved for a maximum total of 60 months.
- Interns can apply for VRC status any time during this 60-month period when they meet the qualifications of [WAC 296-19A-210\(1\)](#). An applicant who will be working referrals from L&I must have completed all the items outlined in the [Vocational Intern Supervisor Expectations](#).
- [WAC 296-19A-210\(4b\)](#) requires interns to obtain one of the VRC credentials within one year of the internship expiration date provided by L&I.