



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. This application is for vocational firms and/or individual vocational providers who are seeking a new Department of Labor and Industries (L&I) provider number.

New firms: If you are hiring employees, you must open a workers' compensation account by applying for or updating your state business license. For more information, see L&I's web page [How to Get a Workers' Compensation Account](#).

If you want to become a vocational provider (intern, vocational rehabilitation counselor, or firm) or you are currently a VRC or intern going to work for a different firm, you will need to complete the application in this packet and submit all required documents. You can find instructions on how to apply, including a list of required documents, on the next page.

If you have any questions about this application, please contact us at **360-902-6756** or email [PSRS@Lni.wa.gov](mailto:PSRS@Lni.wa.gov).

Once your application is processed, you will receive a letter from us assigning you important identifying numbers. Please read it carefully and have your assigned numbers available when communicating with us.

If your application as a new firm is approved, you will receive a provider number for the firm and a different provider number for yourself as the VRC firm owner and/or manager.

Interns and vocational providers new to Washington State will receive a vocational provider identification number (VRC ID number). This is a unique identifier for you as an individual provider. In addition, all applicants will receive a provider number. This is the number that you will use to bill L&I.

For information on how to bill L&I for vocational services, please visit: [www.Lni.wa.gov/claims/for-vocational-providers/working-with-li/#billing-for-vocational-services](http://www.Lni.wa.gov/claims/for-vocational-providers/working-with-li/#billing-for-vocational-services).

L&I offers electronic billing. For more information, visit [www.Lni.wa.gov/ElectronicBilling](http://www.Lni.wa.gov/ElectronicBilling).

**If you already have an L&I provider number and just want to add or change a role**

- **Supervisor:** Don't submit this application. Instead, complete and submit the [Vocational Intern Supervisor Application](#) (F280-072-000).
- **Interns** wanting VRC status must complete this Vocational Provider and Firm Application.
- **Manager or forensic:** Don't submit this application. Instead, complete and submit the [Firm Vocational Provider Change Form](#) (F252-022-000)

Thank you,

Private Sector Rehabilitation Services (PSRS)

# Application Instructions

Use 11-point font or clearly print using dark ink.

**If you want your firm to receive referrals from L&I to provide services on State Fund claims, before you submit this application you must:**

- Identify a quality assurance (QA) representative (as manager, you can choose to serve in this role or appoint a qualified, credentialed vocational rehabilitation counselor.) The quality assurance representative will be 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](mailto:VocRecoveryProject@Lni.wa.gov) to schedule the orientation session.

**All new firms:** Before we can consider your application, you will need to have a current Washington business license, have registered your current federal Employer Identification Number (EIN) or Social Security Number (SSN) with the Washington State Office of Financial Management, have proof of insurance, and have opened an employer account with L&I if hiring employees. Your firm manager must be registered with L&I as a vocational provider (which can occur concurrently with the new firm application process), and have current credentials on file.

**Note:** If you plan to hire interns, you will need to have a qualified supervisor on staff as required by [WAC 296-19A-210\(2\)\(d\)](#). The supervisor must submit the [Vocational Intern Supervisor Application](#) (F280-072-000).

## **All new firms 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 vocational credential(s) of firm manager
- 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
- Submit Vendor Payee Registration forms directly to the [Office of Financial Management](#) (see p. 4)

## **In addition, 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

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

## **VRCs must submit**

- 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 G — Pertinent Vocational Work History
- Copy of vocational firm's IRS Form W-9
- Copy of vocational credential(s)
- Submit Vendor Payee Registration forms directly to the [Office of Financial Management](#) (see p. 4)

**VRC interns must submit**

- 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
- Submit Vendor Payee Registration forms directly to the [Office of Financial Management](#) (see p. 4)

**How to submit**

- Fax to 360-902-6706, or
- Mail to:

Department of Labor & Industries  
Private Sector Rehabilitation Services  
PO Box 44326  
Olympia WA 98504-4326

# ***How and when to submit Vendor/Payee forms***

## **Important Information:**

The Office of Financial Management (OFM) will need to register your Tax ID to issue payments. Your Tax ID is your federal Employer Identification Number (EIN) or your Social Security Number (SSN)

You will need to submit Vendor/Payee forms to OFM for:

- New Tax ID
- Enrollment/Change for EFT payments
- Updates to the Legal Name associated with your Tax ID
- The Tax ID on OFM's Vendor/Payee forms must match the Tax ID listed in Part B.1 of the Vocational Provider and Firm Application
- OFM's forms can be found by following the link below:  
[ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services](https://ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services)

The OFM forms must be completed concurrently with the submission of the Vocational Provider and Firm Application to avoid potential delays in payment.

OFM's forms can be found by following the link below:

[ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services](https://ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services)

For questions regarding OFM's Forms or registration process, call 360-407-8180 or email:

[PayeeRegistration@ofm.wa.gov](mailto:PayeeRegistration@ofm.wa.gov)

**It is the responsibility of the provider to submit the necessary forms to OFM directly. L&I cannot accept or forward documents to OFM on behalf of the provider.**

## A. Application Type

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

Firm     
  Manager     
  VRC     
  Forensic     
  Supervisor     
  Intern

**Note:** to apply as a **supervisor**, you must also complete the [Vocational Intern Supervisor Application](#) (F280-072-000)

## B. Firm Information

### 1. Business Information

Tax Payer Identification Number (EIN or SSN <i>enter only one</i> )	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	

## 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 <a href="#">WAC 296-19A-268</a> .	
Individual Provider's Referral Contact Phone <i>(can be a cell phone number)</i>	

### 2. Primary Branch Information

<i>(The firm's branch office you will use as your starting point for billing travel)</i> Address		
City	State	Zip Code
Individual Provider's Primary Branch Phone <i>(cannot be cell phone)</i>	Individual provider's email address with this firm	

### 3. Correspondence Address *(where L&I should send mail about referrals)*

Same as Primary Branch Address

Same as Firm's Correspondence Address

Address		
City	State	Zip Code

### 4. 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 – <b>attach copies of certificate(s)</b> <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 <b>direct</b> vocational services working with <b>Washington</b> industrially injured or ill workers <b>and</b> complete Part G Pertinent Vocational Work History.

### 5. 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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### 6. 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 all 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. 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.
  - b. General liability insurance, automobile liability insurance, errors and omissions insurance, malpractice insurance, and industrial insurance if required by [Title 51 RCW](#).
  - c. Services and facilities that provide injured workers a private and professionally suitable location in which to discuss vocational rehabilitation services issues.
  - d. Telephone-answering capability during regular business hours, Monday through Friday.
  - e. 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:
  - a. Attend L&I's orientation session.
  - b. 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.
  - c. Submit an updated [Annual Vocational Firm Agreement](#) (F252-129-000) annually.
  - d. Review and sign L&I's [Vocational Firm Quality Assurance Plan](#).
  - e. 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
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I wish to: <input type="checkbox"/> Maintain my provider number with this firm. <input type="checkbox"/> Deactivate my provider number with this firm. Last Date of Employment
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Employer/Firm Name	Employer/Firm Provider Number	Your Provider Number
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I wish to: <input type="checkbox"/> Maintain my provider number with this firm. <input type="checkbox"/> Deactivate my provider number with this firm. Last Date of Employment
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Employer/Firm Name	Employer/Firm Provider Number	Your Provider Number
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I wish to: <input type="checkbox"/> Maintain my provider number with this firm. <input type="checkbox"/> Deactivate my provider number with this firm. Last Date of Employment
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## F. Branches Where You and Your VRCs Will Be Assigned Referrals

### To be completed by firm manager

- List all referral hub branches where you and your staff will be assigned referrals.
- Complete a separate page for each individual (you can use copies of this blank page)
- 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.

List all branches where you **will** work. Complete the address, city, phone number, and fax number (if applicable) for each branch.

Name	L&I VRC ID Number
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Street Address		City	
Phone Number		Fax Number (if applicable)	
<b>L&amp;I Use Only</b> SL Name and Number			Branch Number

Street Address		City	
Phone Number		Fax Number (if applicable)	
<b>L&amp;I Use Only</b> SL Name and Number			Branch Number

Street Address		City	
Phone Number		Fax Number (if applicable)	
<b>L&amp;I Use Only</b> SL Name and Number			Branch Number

**NOTE:** To change branches later, your firm can either email the information to [PSRS@Lni.wa.gov](mailto: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 I am responsible for knowing the amount of experience I need to satisfy the credentialing organization eligibility requirements.
- I further understand that L&I will set an internship period based upon [WAC 296-19A-210](#).
- I further 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.)

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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\(1\)](#).
- [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.