

## Application for *Vocational Rehabilitation Evaluator*

Please complete the following, sign under penalty of perjury and return with current resume to the:

Workers' Compensation Court  
**ATTENTION: Medical Services Division**  
 1915 North Stiles - Oklahoma City, OK 73105-4918

NAME:	OFFICE PHONE:	THIS SPACE FOR COURT USE ONLY
NAME OF BUSINESS:	OFFICE HOURS:	
OFFICE ADDRESS:	IN WHICH CITY ARE EVALUATIONS PERFORMED:	
NAME OF CONTACT PERSON TO SCHEDULE APPOINTMENTS:	FEE FOR VOCATIONAL EVALUATION:	

1. Have you evaluated workers' compensation claimants for the Court during the past 12 months? YES  NO

If NO, briefly describe your formal education/training in vocational rehabilitation and provide the Court with a sample vocational evaluation report. \_\_\_\_\_

2. Are you willing to accept Court-imposed limitations on the amount of money you can expect to be paid for depositions, progress reports, evaluation reports? YES  NO

3. Will you agree to serve on the Court's list for an entire one-year period? YES  NO

4. Are you a *Certified Rehabilitation Counselor*? YES  NO

5. Degree(s): \_\_\_\_\_

6. List your national and local certifications: \_\_\_\_\_

7. Areas of expertise: (Please check all which are applicable)

- |  |   |
|--|---|
| <input type="checkbox"/> A. Vocational Evaluations | <input type="checkbox"/> B. Job Placement: Please list Hourly Fee charged for this service: _____ |
| <input type="checkbox"/> C. Transferable Skills    | <input type="checkbox"/> D. Other (specify) _____   |

8. Do you have errors and omissions and liability insurance? YES  NO

9. Have you ever been convicted of a felony? YES  NO

If YES, please explain: \_\_\_\_\_

10. Are you willing to perform vocational evaluations at a location convenient to the claimant's residence? YES  NO   
 If so, what are your estimated fees? \_\_\_\_\_

***I declare under PENALTY OF PERJURY that the statements contained herein are true and correct to the best of my knowledge and belief. I authorize all associations, organizations and State and Federal agencies to release to the Workers' Compensation Court all relevant documents and information that may be requested in the investigation of this application. I hereby certify that my certification as a rehabilitation counselor is in good standing. I agree to abide by all applicable Statutes and Court Rules.***

\_\_\_\_\_  
 SIGNATURE DATE