APPLICATION FOR NH VOCATIONAL REHABILITATION PROVIDER CERTIFICATION

_____ INITIAL _____ RENEWAL ____ INTERN ____ REAPPLICATION (CVRP #)

_____

Name

_____

Home Address City State Zip Code

Phone Number: Home _____ Work_____

_____

Business Name Address

_____CRC _____Certificate Number _____Expiration Date } Please
_____CDMS _____Certificate Number _____Expiration Date } Attach
_____CVE _____Certificate Number _____Expiration Date } Copy

LEVEL OF EDUCATION AND MAJOR FIELD OF STUDY:

_____ PhD_____ _____Masters_____
_____Bachelors_____ _____Associate_____

RELATED WORK EXPERIENCE: NAME OF EMPLOYER(S), JOB TITLE(S), AND YEARS OF EXPERIENCE:

_____
_____
_____

(Use a separate sheet of paper if necessary)

For Renewal Only:

PLEASE LIST NUMBER OF CREDIT HOURS (WITH DOCUMENTATION) TOWARD RECERITIFICATION TO DATE:

HOURS COURSE OF STUDY

_____ _____
_____ _____
_____ _____

(Use a separate sheet of paper if necessary)

Department of Labor training attendance dates: _____
(Please attach certificates of attendance)

****

I certify that the above statements are true and correct in all respects.

_____ _____

Signature Date

Do Not Write Below This Line

Date Received_____ Approved_____

Date Reviewed_____ Rejected_____

_____

George N. Copadis, Commissioner of Labor

PAB001/9/97