

QUALIFIED REHABILITATION PROFESSIONAL APPLICATION (K.A.R. 51-24-5)

K-WC-R 93-11 (11-16)

Check disciplines you are requesting approval for:

- Vocational Rehabilitation Counselor
- Vocational Rehabilitation Evaluator
- Vocational Rehabilitation Job Placement Specialist

Individuals proposing to qualify as a rehabilitation professional must:

- Carefully review this application before completing
- Provide all information requested in this application
- Agree to and abide by all requirements contained within
- Sign the application
- Obtain a Qualified Rehabilitation Professional (QRP) number from the Division of Workers Compensation prior to accepting referrals

By signing this application, the applicant affirms and agrees to the following:

I have attached, with this application, proof that I meet the educational and/or experience required for each discipline checked above as per K.A.R. 51-24-5. Proof is provided in the form of undergraduate, graduate and PhD transcripts and a detailed résumé emphasizing work experience required by each discipline.

I have provided my address and phone number with this application.

I have provided the name, address and phone number of the qualified vendor with whom I am affiliated. I will also notify the Division of Workers Compensation when, and if, I change affiliations. If not presently affiliated with an approved vendor, I will notify the Division of Workers Compensation when this occurs.

I acknowledge that my qualifications may be suspended or revoked if I perform work in a rehabilitation discipline other than a discipline in which I have been found to be qualified by the rehabilitation administrator.

I acknowledge that my qualifications may be suspended or revoked if I repeatedly fail to file reports with the Director of Workers Compensation in a timely manner or fail to comply with the regulations adopted by the Director.

I have read and agree to abide by the standards of conduct for vocational rehabilitation vendors and vocational rehabilitation professionals per K.A.R. 51-24-8.

I have read and understand the procedure for reviewing and processing complaints of violations of standards of conduct per K.A.R. 51-24-9.

I have read and understand the penalties for violations of standards of conduct per K.A.R. 51-24-10.

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I have reviewed the Standards of Conduct for Vocational Rehabilitation Professionals and agree to be accountable under K.A.R. 51-24-1 through K.A.R. 51-24-10, and all provisions of the Kansas Workers Compensation Act.

Signature: _____

Printed name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Fax: () _____

Email: _____

*NOTE: Protecting claimants' identity is important to us. Please be advised that: (1) email communication is not a secure method of communication; (2) any email that is sent between you and this agency may be copied and held by various computers it passes through as it is transmitted; (3) persons not participating in the communication between you and KDOL may intercept the communication by improperly accessing your computer or this agency's computer or even some computer unconnected to either of us that this email passes through. If you do not want to communicate with KDOL through email, please call KDOL or mail your communication to KDOL, instead of using email.

For Agency Use Only

Applicant approved in the following disciplines:

- Vocational Rehabilitation Counselor Vocational Rehabilitation Evaluator
- Vocational Rehabilitation Job Placement Specialist

Applicant not approved in the following disciplines:

- Vocational Rehabilitation Counselor Vocational Rehabilitation Evaluator
- Vocational Rehabilitation Job Placement Specialist

Qualified Rehabilitation Professional (QRP) Number Assigned Applicant: _____

Reviewed by: _____ Date: _____