



Department of Labor
 Workers' Compensation Division
 PO Box 488
 Montpelier, VT 05601-0488
 802-828-2286
www.labor.vermont.gov

DEPT. USE ONLY Rev. 7/13

Received _____
 Renewed _____

**Renewal Application for Vermont Certification
 Vocational Rehabilitation Counselor or Job Developer/Intern**

Certification Number _____

Name: _____
Last Maiden First Middle Initial

Address: _____
Street City State Zip Code

Home Phone No.: _____ Work Phone No. _____

Date of Birth: _____

E-mail Address: _____

Employer Name: _____

Employer Address: _____
Street City State Zip Code

Website Address: _____

List any licensure or certification you currently hold: _____

I am renewing my certification as: Vocational Rehabilitation Counselor Vocational Rehabilitation Job Developer/Intern**

Continuing Education: Please list the annual training that you have taken in either vocational rehabilitation or workers' compensation that has been approved by the Department:

The applicant hereby attests by signing this application that they are in good standing with the state tax department in the state in which they reside and are in good standing with the state office of child support in the state in which they reside.

Signed _____ Date _____

**For Vocational Rehabilitation Job Developer/Intern a signed statement from the vocational rehabilitation counselor that will be responsible for your work must be attached