

Dear Applicant:

Thank you for your interest in becoming a Department of Education, Division of Vocational Rehabilitation (DVR) Vocational Evaluator vendor. The services provided by the Vocational Evaluator include Comprehensive Evaluation or Worksite Evaluation. In order to be eligible for registration, potential providers must be authorized by Additionally, all potential providers must first register in MyFloridaMarketPlace (MFMP) and submit a substitute W-9 to the Department of Financial Services via the State of Florida Vendor Website.

Please read all the instructions included in the application package carefully and complete each item as requested. Incomplete applications will result in process delays and possible denial. If you have any questions regarding the application package or process, please contact the Vendor Registration Unit at 866-580-7438 or 850-245-3401 or via email at [VRVendors@vr.fldoe.org](mailto:VRVendors@vr.fldoe.org).

Please mail or fax completed applications and all required documentation to:

Division of Vocational Rehabilitation  
Vendor Registration Unit  
4070 Esplanade Way 2<sup>nd</sup> Floor  
Tallahassee, FL 32399-7016  
Fax Number: 850-245-3394

Thank you for your commitment to helping people with disabilities find and maintain employment and enhance their independence. We look forward to working with you.

Division of Vocational Rehabilitation  
Vendor Registration Unit

Enclosures: Vocational Evaluator Application

**ALLISON FLANAGAN**

*Director, Division of Vocational Rehabilitation*

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2<sup>nd</sup> Floor • 4070 Esplanade Way • Tallahassee, FL 32399-7016  
Toll Free: 1-800-451-4327 • 850-245-3399 • FAX: 850-245-3392 • [www.rehabworks.org](http://www.rehabworks.org)  
TTY users dial 711 • VP users connect via VRS



**DEPARTMENT OF EDUCATION  
DIVISION OF VOCATIONAL REHABILITATION  
VOCATIONAL EVALUATOR APPLICATION**



VENDOR INFORMATION			
MYFLORIDAMARKETPLACE (Federal Tax ID) NUMBER:			
* PROVIDER NAME:			
INDIVIDUAL'S NAME (IF DIFFERENT):			
* MAILING ADDRESS:			
	City	State	Zip Code + Four Digits
* REMITTANCE ADDRESS:			
	City	State	Zip Code + Four Digits
PRIMARY TELEPHONE NUMBER:		FAX NUMBER:	
CONTACT NAME:		CONTACT PHONE NUMBER:	
EMAIL ADDRESS:			
* This information should be the same reflected in MFMP and on your registration with the Department of State, Division of Corporations.			
Please list office locations where customers will be served. (Attach additional pages as necessary).			
	Location 1	Location 2	Location 3
Street address			
City/State/Zip			
Phone Number:			
Is each location fully accessible to persons with disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other languages			
Could you assist customers in other languages? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(please mark all applicable)			
American Sign Language	Spanish	Creole	Other. Please Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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**Education and Experience Requirement**

Please select one from the list below:

- Masters in Vocational Evaluation
- Current certification as a Certified Vocational Evaluation Specialist (CVE)
- Current registration with the Registry of Professional Vocational Evaluators (PVE).
- American Board of Vocational Experts Diplomat (ABVE/D), Fellow (ABVE/F)
- International Psychometric Evaluation Certification (IPEC)
- Masters in Rehabilitation Counseling/Rehabilitation Services, Social Work (Clinical), Human Services, Counseling (clinical), Mental Health Counseling, Clinical Psychology, and one-year full time experience using VR counseling techniques and one-year full time experience conducting Vocational Evaluations.

**Confidentiality**

Access to a VR customer’s confidential information must be safeguarded at all times. Such information shall not be used or disclosed for any purpose not in conformity with State and Federal laws and regulations without written consent of the customer or their parent, guardian, or other authorized representative.

**IS YOUR APPLICATION COMPLETE?**

- Attestation of General Liability Insurance
- List of areas and counties where services will be provided
- Copy of Applicants Diploma and Resume

Please mail, email or fax application and all required documents, if any, to:

Florida Department of Education  
Division of Vocational Rehabilitation  
Vendor Registration Unit  
4070 Esplanade Way, 2nd Floor  
Tallahassee, FL 32399-7016  
Fax Number: 850-245-3394  
[VRVendors@vr.fldoe.org](mailto:VRVendors@vr.fldoe.org)

If you have any questions that pertain to this application, please contact  
Vendor Registration Unit at  
866-580-7438 or  
850-245-3401

**PLEASE READ AND SIGN BELOW:**

**I hereby acknowledge I am authorized to make application on behalf of the Provider to become an approved Vocational Evaluator vendor. I further acknowledge that I have read and agree to be bound by the terms of registration outlined in this application and in section 413.208, Florida Statutes. I acknowledge that the Provider is subject at all times to a due-diligence inquiry as to its fitness to undertake service responsibilities, and that the Provider’s registration may be suspended pending such inquiry. If approved, we agree to accept and render services to customers of the Division of Vocational Rehabilitation (VR) on a non-discriminatory basis without regard to race, color, religion, sex, national origin, age, disability, political affiliation or belief.**

**Signature**

**Date**

**Printed Name of Applicant:**



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**ATTESTATION OF GENERAL LIABILITY INSURANCE**

As a condition of becoming a Vendor to provide Vocational Evaluation Services in behalf of the Department of Education/Division of Vocational Rehabilitation (DOE/DVR), \_\_\_\_\_ (Vendor) hereby attests that he/she/it and all or his/her/its employees who will provide Vocational Evaluation Services, has/have liability insurance, at a minimum of one-million (\$1,000,000) dollars, as required by the DOE/DVR.

Additionally, \_\_\_\_\_ (Vendor) will maintain this insurance during the period of certification and shall present proof of such insurance upon request by the DOE/DVR to maintain a current Qualified Vendor Registration Status. Failure to do so will result in revocation of its qualified status and termination of all rights to provide Vocational Evaluation Services.

\_\_\_\_\_  
(Vendor)

By: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Authorized Representative)

\_\_\_\_\_  
(Signatory Capacity)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Fax)

\_\_\_\_\_  
(Date)

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_ by \_\_\_\_\_

\_\_\_\_\_  
(Name of Person Making Statement)

\_\_\_\_\_  
(Signature of Notary Public)

(Print, Type, or Stamp)

\_\_\_\_\_  
(Commissioned Name of Notary Public)

Personally known \_\_\_\_ or Produced Identification \_\_\_\_.

Type of Identification produced \_\_\_\_\_.



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**DOE/VR AREAS & COUNTIES WHERE SERVICES WILL BE PROVIDED**

Vendor Name: \_\_\_\_\_ FEID#: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Check all that apply:

<input type="checkbox"/> Area One	<input type="checkbox"/> Area Two	<input type="checkbox"/> Area Three	<input type="checkbox"/> Area Four	<input type="checkbox"/> Area Five	<input type="checkbox"/> Area Six
<input type="checkbox"/> Escambia	<input type="checkbox"/> Columbia	<input type="checkbox"/> Lake	<input type="checkbox"/> Pinellas	<input type="checkbox"/> Charlotte	<input type="checkbox"/> Miami-Dade
<input type="checkbox"/> Santa Rosa	<input type="checkbox"/> Union	<input type="checkbox"/> Sumter	<input type="checkbox"/> Hillsborough	<input type="checkbox"/> Lee	<input type="checkbox"/> Monroe
<input type="checkbox"/> Okaloosa	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Seminole	<input type="checkbox"/> Hernando	<input type="checkbox"/> Collier	
<input type="checkbox"/> Walton	<input type="checkbox"/> Dixie	<input type="checkbox"/> Orange	<input type="checkbox"/> Pasco	<input type="checkbox"/> Hendry	
<input type="checkbox"/> Holmes	<input type="checkbox"/> Clay	<input type="checkbox"/> Osceola		<input type="checkbox"/> Glades	
<input type="checkbox"/> Jackson	<input type="checkbox"/> St. Johns	<input type="checkbox"/> Brevard		<input type="checkbox"/> Manatee	
<input type="checkbox"/> Washington	<input type="checkbox"/> Nassau	<input type="checkbox"/> Polk		<input type="checkbox"/> Sarasota	
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Baker	<input type="checkbox"/> Hardee			
<input type="checkbox"/> Liberty	<input type="checkbox"/> Putnam	<input type="checkbox"/> DeSoto			<input type="checkbox"/> Area Seven
<input type="checkbox"/> Bay	<input type="checkbox"/> Duval	<input type="checkbox"/> Highlands			<input type="checkbox"/> Palm Beach
<input type="checkbox"/> Gulf	<input type="checkbox"/> Alachua	<input type="checkbox"/> Indian River			<input type="checkbox"/> Broward
<input type="checkbox"/> Franklin	<input type="checkbox"/> Bradford	<input type="checkbox"/> St. Lucie			
<input type="checkbox"/> Gadsden	<input type="checkbox"/> Levy	<input type="checkbox"/> Martin			
<input type="checkbox"/> Leon	<input type="checkbox"/> Marion	<input type="checkbox"/> Okeechobee			
<input type="checkbox"/> Wakulla	<input type="checkbox"/> Citrus				
<input type="checkbox"/> Jefferson	<input type="checkbox"/> Flagler				
<input type="checkbox"/> Madison	<input type="checkbox"/> Volusia				
<input type="checkbox"/> Hamilton					
<input type="checkbox"/> Taylor					
<input type="checkbox"/> Suwannee					
<input type="checkbox"/> Lafayette					