

Dear Applicant:

Thank you for your interest in becoming a Department of Education, Division of Vocational Rehabilitation (DVR) Vocational Evaluator Assistant. The Vocational Evaluator Assistant will work under direct supervision of a VR approved Vocational Evaluator and will assist with administering tests and other client assessments. In order to be eligible for registration, potential applicants must be authorized by VR. 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.

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

Division of Vocational Rehabilitation
Vendor Registration Unit
4070 Esplanade Way 2nd 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 Assistant Application

ALLISON FLANAGAN

Director, Division of Vocational Rehabilitation

2nd Floor • 4070 Esplanade Way • Tallahassee, FL 32399-7016

Toll Free: 1-800-451-4327 • 850-245-3399 • FAX: 850-245-3392 • www.rehabworks.org

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



VENDOR INFORMATION

MYFLORIDAMARKETPLACE (Federal Tax ID) NUMBER:	
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* PROVIDER NAME:

NAME OF VOCATIONAL EVALUATOR ASSISTANT'S APPLICANT:

* MAILING ADDRESS:

	City	State	Zip Code + Four Digits
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* REMITTANCE ADDRESS:

	City	State	Zip Code + Four Digits
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PRIMARY TELEPHONE NUMBER:	FAX NUMBER:
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CONTACT NAME:	CONTACT PHONE NUMBER:
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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 No

Other languages

Could you assist customers in other languages? Yes No

(please mark all applicable)

American Sign Language	Spanish	Creole	Other. Please Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List Name of VR Approved Vocational Evaluator Supervising the Vocational Evaluator Assistant:



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Requirements

Masters in Rehabilitation Counseling/Rehabilitation Services, Social Work (Clinical), Human Services, Counseling (clinical), Mental Health Counseling, or Clinical Psychology and one year of full-time experience using vocational rehabilitation counseling techniques.

Bachelor's degree in Rehabilitation Counseling/Rehabilitation Services, Social Work (Clinical), Human Services, Counseling (clinical), Mental Health Counseling, or Clinical Psychology and one year of full-time experience using vocational rehabilitation counseling techniques.

Scope of work: The Vocational Evaluator Assistant will work under direct supervision of a VR approved Vocational Evaluator and will assist with administering tests and other client assessments. The VR approved Vocational Evaluator will review, approve and sign off on all reports conducted by a Vocational Evaluator Assistant and any recommendations should be provided by the VR approved Vocational Evaluator.

After complying with VR background screening requirements the approved VEA name will be listed as VEA approved to work under the supervision of the requesting VR Vocational Evaluator.

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

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

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.

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 Assistant. 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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DIVISION OF VOCATIONAL REHABILITATION
VOCATIONAL EVALUATOR ASSISTANT
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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)

STATE OF FLORIDA
COUNTY OF _____

By: _____

Sworn to and subscribed before me this ____ day of _____, 200__ by

(Printed Name of Authorized Representative)

(Signatory Capacity)

(Name of Person Making Statement)

(Address)

(Signature of Notary Public)

(Print, Type, or Stamp)

(Telephone)

(Commissioned Name of Notary Public)

Personally known ____ or Produced Identification ____.

(Fax)

Type of Identification produced

(Date)

_____.



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VOCATIONAL EVALUATOR ASSISTANT
VENDOR APPLICATION**



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					