Dear Applicant:

Thank you for your interest in becoming a Department of Education, Division of Vocational Rehabilitation (DOE/DVR) On the Job Training (OJT) Employer. OJT is an opportunity for you, the employer, to mentor a person with a disability, helping them develop the skills needed to realize their career goals. During OJT, the trainee must: interact on a regular basis with employees who do not have disabilities, be classified as an employee and not as an independent contractor; and be paid no less than minimum wage. OJT helps people with disabilities get used to the employment environment while gaining valuable work experience. In return, VR will reimburse the gross hourly wages paid to the OJT participant up to 40 hours per week. Effective July 1, 2018, VR will also provide workers' compensation coverage for adults and youth participating in OJT and other work experience programs.

In order to be eligible for registration, potential OJT providers must register as a vendor in MyFlorida Market Place (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 email at VRVendors@vr.fldoe.org.

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

Division of Vocational Rehabilitation
Vendor Registration Unit
325 West Gaines Street, Suite 1144
Tallahassee, Florida 32399-0400
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: OJT Employer Application

VENDOR INFORMATION
MYFLORIDA MARKET PLACE (Federal Tax ID) NUMBER:
* EMPLOYER NAME:
CONTACT PERSON'S NAME:
* 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

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DIVISION OF VOCATIONAL REHABILITATION
ON-THE-JOB TRAINING EMPLOYER APPLICATION

PLEASE LIST LOCATIONS WHERE CUSTOMERS WILL BE SERVED (Attach additional pages as necessary)
LOCATION 1: STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
LOCATION 2: STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
LOCATION 3: STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
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 below)

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IS YOUR APPLICATION COMPLETE

☐ List of job titles/positions with a detailed description of each job to be learned

☐ Notarized Attestation of On-the-Job Training Vendor Status

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

Florida Department of Education
Division of Vocational Rehabilitation
Vendor Registration Unit
325 West Gaines Street, Suite 1144
Tallahassee, Florida 32399-0400
Fax Number: 850-245-3394
Email: VRVendors@vr.fldoe.org

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

ON THE JOB TRAINING INFORMATION

_____ _____

PERSON'S NAME THAT WILL VERIFY INSTRUCTION AND ATTENDANCE

POSITION TITLE FOR OJT

Please provide company name, contact name and phone number of Employment Services Provider facilitating OJT arrangement, if applicable:

_____ _____

EMPLOYMENT SERVICES PROVIDER NAME

EMPLOYMENT SERVICES PROVIDER PHONE NUMBER

_____

EMPLOYMENT SERVICES STAFF CONTACT NAME

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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 Employer to become an approved On-the-Job Training Employer. 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.
Printed Name of Authorized Agent:
Date:
Signature:

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ATTESTATION OF ON-THE-JOB TRAINING EMPLOYER VENDOR STATUS

As a condition of becoming a registered vendor to provide On-The-Job Training services on behalf of the Department of Education/Division of Vocational rehabilitation (DOE/DVR) _____ (registering entity) hereby attests that he/she/it _____ (registering entity) ensures a minimal general liability insurance policy of $250,000 is held by respective registering entity that includes DOE/DVR as certificate holder and additional insured.

Additionally, _____ (registering entity) will ensure the worksite maintains a minimal vehicle insurance policy of $50,000/$100,000 if On-the-Job Training recipients will be transported and/or operating vehicles owned by the Worksite. DOE/DVR must be listed as certificate holder and additional insured.

Additionally, _____ (registering entity) agrees and shall present proof of above referenced insurance policies upon request by the DOE/DVR in order to maintain a current qualified Vendor Registration status. Failure to do so will result in revocation of its registration status and termination of all rights to provide On-the-Job Training services to DVR clients by the registering entity.

The _____ (registering entity) further understands that at any time the DOE/DVR determines that the registering entity is in violation of this attestation or Vendor Registration requirement(s) that the DOE/DVR shall terminate this registration and will withhold payments for any services that were provided to clients during the period of time that the registering entity was out of compliance.

This registration is in effect for five years or until cancelled by either party or by default as determined by DOE/DVR.

_____
(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
_____