Dear Applicant:

Thank you for your interest in becoming a Tutor vendor with the Department of Education, Division of Vocational Rehabilitation (DOE/DVR). Tutors provide one-on-one instruction to VR customers who need assistance while completing required subjects in school. In order to be eligible for registration, potential applicants must be authorized by VR Vendor Registration Unit. Additionally, all potential providers must first register 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 of 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
325 West Gaines Street, Suite 1144
Tallahassee, FL 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: Tutor Application

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

DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
TUTOR PROVIDER VENDOR 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)

DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
TUTOR PROVIDER VENDOR APPLICATION

QUALIFICATION REQUIREMENTS

☐ A completed DVR Tutor Provider Application

☐ Demonstrated knowledge in subject area by a minimum of a 3.0 GPA in subject, **OR**

☐ Florida Professional Educator's Certificate, **OR**

☐ Documentation of teaching experience in subject area

NOTE: Upon pre-approval of this application, you will be sent instructions regarding registration in the Care Provider Background Screening Clearinghouse. Your registration will remain in "Pending" status until your screening is approved.

The Administrator, Financial Officer, Director and any person employed by the provider who is expected to have direct face-to-face contact while providing services with Vocational Rehabilitation customers is required to undergo a level 2 background screening, per section, 413.208 and 435.004, Florida Statutes. Once preliminary qualifications are approved, the Vendor Registration office will send instructions on how to obtain the screening through AHCA's Care Provider Background Screening Clearinghouse.

IS YOUR APPLICATION COMPLETE

☐ Copy of applicants resume and diploma(s)

☐ List of areas and counties where services will be provided

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.

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DIVISION OF VOCATIONAL REHABILITATION
TUTOR PROVIDER VENDOR APPLICATION

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.

BACKGROUND SCREENING REQUIREMENTS

Upon pre-approval of this application, you will be sent instructions regarding registration in the AHCA Care Provider Background Screening Clearinghouse web portal. Your registration will remain in "Pending" status until your screening is approved.

The Administrator, Financial Officer, Director, and any person employed by the provider who is expected to have direct face-to-face contact with Vocational Rehabilitation customers while providing services to those individuals, must undergo a Level 2 background screening per sections 413.208 and 435.04, Florida Statutes. Instructions on how to obtain the screening through the AHCA Care Provider Background Screening Clearinghouse will be sent by the Vendor Registration office once preliminary qualifications are approved.

PLEASE READ AND SIGN BELOW

I hereby acknowledge I am authorized to make application on behalf of the Provider to become an approved Tutor Provider. 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:

DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
TUTOR PROVIDER VENDOR APPLICATION

DOE/VR AREAS & COUNTIES WHERE SERVICES WILL BE PROVIDED

Vendor Name: **FEIN #:**

_____ _____

Name of Authorized Representative: _____

Signature: _____

*** Check all that apply:**

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