



Dear Applicant:

Thank you for your interest in becoming a Department of Education, Division of Vocational Rehabilitation (DOE/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 the 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 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](mailto: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: Vocational Evaluator Application

**Brent McNeal**

*Director, Division of Vocational Rehabilitation*

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325 West Gaines Street, Suite 1144 • Tallahassee, FL 32399-0400

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

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

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

**EDUCATION AND EXPERIENCE REQUIREMENT**

Please select from the list below:

- Master degree in Vocational Evaluation
- Current certification as a Certified Vocational Evaluator Specialist (CVE)
- Current registration with the Registry of Professional Vocational Evaluators (PVE)
- Vocational Evaluator certificate from a national accredited college or university
- Master degree 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.

**IS YOUR APPLICATION COMPLETE**

- Copy of applicants resume and diploma (Also include a copy of certifications, if applicable)
- Attestation of General Liability Insurance
- 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](mailto: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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**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 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.

Printed Name of Authorized Agent:

Date:

Signature:

**DEPARTMENT OF EDUCATION  
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VOCATIONAL EVALUATOR APPLICATION**

**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.

_____	STATE OF FLORIDA
(Vendor)	COUNTY OF _____
By: _____	Sworn to and subscribed before me this ____ day
_____	of _____, 200 ____ by
(Printed Name of Authorized Representative)	_____
_____	(Name of Person Making Statement)
(Signatory Capacity)	_____
_____	(Signature of Notary Public)
(Address)	(Print, Type, or Stamp)
_____	_____
(Telephone)	(Commissioned Name of Notary Public)
_____	Personally known ____ or Produced
(Fax)	Identification ____
_____	Type of Identification produced
(Date)	_____

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

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

**Vendor Name:** \_\_\_\_\_

**FEIN #:** \_\_\_\_\_

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

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

**\* Check all that apply:**

- |  |  |  |   |   |  |
|--|--|--|---|---|--|
| <input type="checkbox"/> <b>Area One</b> | <input type="checkbox"/> <b>Area Two</b> | <input type="checkbox"/> <b>Area Three</b> | <input type="checkbox"/> <b>Area Four</b> | <input type="checkbox"/> <b>Area Five</b> | <input type="checkbox"/> <b>Area Six</b>   |
| <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"/> <b>Area Seven</b> |
| <input type="checkbox"/> Jackson         | <input type="checkbox"/> St. Johns       | <input type="checkbox"/> Brevard           |   | <input type="checkbox"/> Manatee          | <input type="checkbox"/> Palm Beach        |
| <input type="checkbox"/> Washington      | <input type="checkbox"/> Nassau          | <input type="checkbox"/> Polk              |   | <input type="checkbox"/> Sarasota         | <input type="checkbox"/> Broward           |
| <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"/> Bay             | <input type="checkbox"/> Duval           | <input type="checkbox"/> Highlands         |   |   |  |
| <input type="checkbox"/> Gulf            | <input type="checkbox"/> Alachua         | <input type="checkbox"/> Indian River      |   |   |  |
| <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"/> Suwanee         |  |  |   |   |  |
| <input type="checkbox"/> Lafayette       |  |  |   |   |  |