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.

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

Leah Compagnone-Bolt, Director
Division of Vocational Rehabilitation
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
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
DIVISION OF VOCATIONAL REHABILITATION
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

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

DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
VOCATIONAL EVALUATOR 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 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:

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

_____

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:**

☐ **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					