



DEPARTMENT OF EDUCATION  
 DIVISION OF VOCATIONAL REHABILITATION  
 SIGN LANGUAGE INTERPRETER APPLICATION



**ADMINISTRATOR & BOARD MEMBER REGISTRATION FORM  
 FOR GROUP AGENCY**

**PROVIDER:** \_\_\_\_\_ **FEDERAL ID#** \_\_\_\_\_

TITLE/ROLE	NAME	EMAIL	PHONE	DVR USE ONLY: DATES OF APPROVAL
ADMINISTRATOR				
FINANCIAL OFFICER				
DIRECTOR				
BOARD MEMBER				
BOARD MEMBER				
BOARD MEMBER				

Add additional lines as needed.

**ADMINISTRATOR** Chief Executive Officer - The highest level individual responsible for the day-to-day operations of the providing agency

**FINANCIAL OFFICER** Chief Financial Officer - The highest level individual responsible for the financial operations of the providing agency (if applicable and different from Administrator)

**DIRECTOR** Members serving on the Board of Directors (if applicable)

\*Only list the administrator if the same individual will serve as administrator, financial officer and director.

*If amendments are made to the above-named roles after registration. A new form must be completed with updated or new personnel; all new personnel must be background screened. Send to [vrbackgroundchecks@vr.fldoe.org](mailto:vrbackgroundchecks@vr.fldoe.org) or fax to 850-245-3394.*