

**GEORGIA STATE BOARD OF WORKERS COMPENSATION  
REHABILITATION REGISTRATION APPLICATION  
Instructions and Information**

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**CERTIFICATION REQUIREMENTS**

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A **REHABILITATION SUPPLIER** SHALL HOLD ONE OF THE ABOVE CERTIFICATIONS OR LICENSES. Please submit (1) a copy of the certificate, and (2) the notarized application.

**CRC** - Certified Rehabilitation Counselor

**CDMS** - Certified Disability Management Specialist

**CWAVES** - Certified Work Adjustment & Vocational Evaluation Specialist

**CRRN** - Certified Registered Rehabilitation Nurse Program

**LPC** - Licensed Professional Counselor

**CCM** - Certified Case Manager

**COHN** - Certified Occupational Health Nurse

**COHN-S** - Certified Occupational Health Nurse - Specialist

A *Resident Rehabilitation Supplier* (an applicant without any of the above certifications) shall **(1)submit documentation showing that they are scheduled to sit for the examination for CRC, CDMS, CWAVES, CRRN, LPC, CCM, COHN, COHN-S, (2) the notarized application and (3) academic transcript(s).** In the event a rehabilitation resident does not become certified or licensed by the appropriate licensing board within a two-year period from the date of initial application, the rehabilitation resident shall be disqualified from providing services to injured employees.

**TO ELECTRONICALLY FILE, SEE INSTRUCTIONS AND REQUIREMENTS AT (WEBSITE),**

**OR**

**TO RETURN APPLICATION VIA U.S. MAIL, SEND APPLICATION, CERTIFICATES, and/or TRANSCRIPTS AND a \$100.00 CHECK OR MONEY ORDER -MADE PAYABLE TO THE STATE BOARD OF WORKERS' COMPENSATION- TO:**

**YVONNE R. WATKINS**  
STATE BOARD OF WORKERS' COMPENSATION  
MANAGED CARE AND REHABILITATION DIVISION  
270 PEACHTREE STREET NW  
ATLANTA, GA 30303-1299  
404-656-0849



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**EDUCATIONAL DATA**

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<b>NAME OF SCHOOL</b>	<b>ADDRESS</b>	<b>DATES ATTENDED (MO/YR) (MO/YR) FROM TO</b>	<b>DEGREE OR HIGHEST GRADE COMPLETED</b>

Name(s) listed on Transcripts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*EMPLOYMENT DATA – ATTACHING A RESUME IS NOT ACCEPTABLE\*\*\***

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DESCRIBE YOUR WORK HISTORY BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. DESCRIBE IN DETAIL THE SPECIFIC DUTIES AND RESPONSIBILITIES FOR EACH JOB. CASE MANAGERS MUST SHOW AT LEAST ONE YEAR EXPERIENCE IN WORKERS COMPENSATION

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

DATES FROM AND TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

DATES FROM AND TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

DATES TO AND FROM: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

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HAVE YOU EVER HAD ANY BUSINESS OR PROFESSIONAL LICENSE REVOKED, SUSPENDED, OR ANNULLED OR HAD ANY OTHER DISCIPLINARY ACTION TAKEN AGAINST YOU? IF YES, EXPLAIN

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WILL YOUR PRINCIPAL PLACE OF BUSINESS BE WITHIN THE STATE OF GEORGIA?

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR PLED NOLO CONTENDRE IN A CRIMINAL PROCEEDING?

IF YES, EXPLAIN

I HAVE READ, AND AM AWARE OF, O.C.G.A. 34-9-200.1 AND RULE 200.1. ALL OF THE INFORMATION ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE STATE BOARD OF WORKERS' COMPENSATION TO MAKE ANY INVESTIGATION OF THE FOREGOING INFORMATION. I UNDERSTAND THAT ANY OMISSION OR MISREPRESENTATION MAY RESULT IN REJECTION OR REVOCATION OF REGISTRATION.

**PLEASE ALLOW 20 TO 30 BUSINESS DAYS FOR RECEIPT OF CARD.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

RETURN APPLICATION AND CHECK OR MONEY ORDER (\$100.00 MADE PAYABLE TO *STATE BOARD OF WORKERS' COMPENSATION*), ALONG WITH CERTIFICATION(S) TO:

**YVONNE R. WATKINS**  
GEORGIA STATE BOARD OF WORKERS' COMPENSATION  
MANAGED CARE AND REHABILITATION DIVISION  
270 PEACHTREE STREET NW  
ATLANTA, GA 30303-1299

*NOTE: If your application is filed at the Board on or after August 1st you do not need to submit a renewal application/application fee until November of the following year.*