



Department of Labor  
 Workers' Compensation Division  
 PO Box 488  
 Montpelier, VT 05601-0488  
 802-828-2286  
[www.labor.vermont.gov](http://www.labor.vermont.gov)

DEPT. USE ONLY Rev. 3/10

Cert. No \_\_\_\_\_

Received \_\_\_\_\_

Renewed \_\_\_\_\_

**Renewal Application for Vermont Certification  
 Vocational Rehabilitation Counselor or Job Developer/Intern**

Name: \_\_\_\_\_  
*Last Maiden First Middle Initial*

Address: \_\_\_\_\_  
*Street City State Zip Code*

Home Phone No.: \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
*Street City State Zip Code*

List any licensure or certification you currently hold: \_\_\_\_\_

I am renewing my certification as:  Vocational Rehabilitation Counselor  Vocational Rehabilitation Job Developer/Intern\*\*

Continuing Education: Please list the annual training that you have taken in either vocational rehabilitation or workers' compensation that has been approved by the Department:

\_\_\_\_\_  
 The applicant hereby attests by signing this application that they are in good standing with the state tax department in the state in which they reside and are in good standing with the state office of child support in the state in which they reside.

\_\_\_\_\_  
 Signed Date

\*\*For Vocational Rehabilitation Job Developer/Intern a signed statement from the vocational rehabilitation counselor that will be responsible for your work must be attached