Bureau of Workers' Compensation

# Transitional Work Developer's Reaccreditation Application

**Instructions**

- Type or print legibly.
- You must complete all information.
- You may submit the completed form in one of three ways listed below.
  Fax: 614-621-5758
  Email: TWSupport@bwc.state.oh.us with questions
  Mail: BWC's Transitional Work Grant Program
  30 W. Spring St., 20th Floor
  Columbus, OH 43215-2256

## Enter class date

Class date ______________________

## Personal information

| Applicant name | | Telephone number ( ) | Fax number ( ) |
|---|---|---|---|
| Street address | | Email address | |
| City | State | ZIP code | |

## Business information

| Business name | | Telephone number ( ) | Fax number ( ) |
|---|---|---|---|
| Business street address | | Email address | |
| City | | State | ZIP code |
| Mailing address (if different than business address) | City | State | ZIP code |

## Certification

| | | |
|---|---|---|
| ☐ CRC certification number ______________<br>Expiration date (mm/yyyy) ______________ | ☐ CDMS certification number ______________<br>Expiration date (mm/yyyy) ______________ | ☐ CVE certification number ______________<br>Expiration date (mm/yyyy) ______________ |
| ☐ CCM certification number ______________<br>Expiration date (mm/yyyy) ______________ | ☐ COHN certification number ______________<br>Expiration date (mm/yyyy) ______________ | ☐ CRRN certification number ______________<br>Expiration date (mm/yyyy) ______________ |

| | |
|---|---|
| ☐ OT license number ______________ Expiration date (mm/yyyy) ______________ | ☐ PT license number ______________ Expiration date (mm/yyyy) ______________ |

## References

List two companies where you have provided transitional work/onsite therapy services or developed a transitional work program.

| Company name | Contact person | Telephone number |
|---|---|---|
| 1. Company name | Contact person | Telephone number ( ) |
| 2. Company name | Contact person | Telephone number ( ) |

## Availability

List the counties you serve.

| | | | |
|---|---|---|---|
| 1. | 3. | 5. | 7. |
| 2. | 4. | 6. | ☐ Available statewide |

| Applicant signature | Accreditation number | Date |
|---|---|---|
| | | |