

**APPLICATION FOR NH VOCATIONAL REHABILITATION PROVIDER CERTIFICATION**

\_\_\_\_\_ INITIAL \_\_\_\_\_ RENEWAL \_\_\_\_\_ INTERN \_\_\_\_\_ REAPPLICATION (CVRP # \_\_\_\_\_ )

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address City State Zip Code

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

\_\_\_\_\_  
Business Name Address

\_\_\_\_\_ CRC \_\_\_\_\_ Certificate Number \_\_\_\_\_ Expiration Date } Please

\_\_\_\_\_ CDMS \_\_\_\_\_ Certificate Number \_\_\_\_\_ Expiration Date } Attach

\_\_\_\_\_ CVE \_\_\_\_\_ Certificate Number \_\_\_\_\_ Expiration Date } Copy

LEVEL OF EDUCATION AND MAJOR FIELD OF STUDY:

\_\_\_\_\_ PhD \_\_\_\_\_ Masters \_\_\_\_\_

\_\_\_\_\_ Bachelors \_\_\_\_\_ Associate \_\_\_\_\_

RELATED WORK EXPERIENCE: NAME OF EMPLOYER(S), JOB TITLE(S), AND YEARS OF EXPERIENCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use a separate sheet of paper if necessary)

**For Renewal Only:**

PLEASE LIST NUMBER OF CREDIT HOURS (WITH DOCUMENTATION) TOWARD RECERITIFICATION TO DATE:  
HOURS COURSE OF STUDY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use a separate sheet of paper if necessary)

Department of Labor training attendance dates: \_\_\_\_\_  
(Please attach certificates of attendance)

\*\*\*\*\*

**I certify that the above statements are true and correct in all respects.**

\_\_\_\_\_  
Signature Date

Do Not Write Below This Line

Date Received _____	Approved _____
Date Reviewed _____	Rejected _____
_____ Ken Merrifield, Commissioner of Labor	