

Dear :

This is to inform you of the need to renew your certification as a Private Vocational Rehabilitation Specialist as specified in DWD Section 80.49(6) Wis. Admin. Code. Under the Administrative Code, certification is valid for three years. If you wish to renew, please so indicate on this form and return it to the Rehabilitation Unit of the Worker's Compensation Division. If you have questions, please contact the WC Vocational Rehabilitation Specialist at (608) 261-8472 (press 4).

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**For renewal, submit this form within 30 days and include a copy of your current certification from one of the organizations/agencies below.**

I am currently certified as a:  CRC       CDMS       CVE  
 hold a Wisconsin Professional Counselor License

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Business e-mail: \_\_\_\_\_

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Return to:  
Rehabilitation Unit  
Worker's Compensation  
PO Box 7901  
Madison, WI 53707-7901