

Private Sector Rehabilitation Services  
PO Box 44326  
Olympia WA 98504-4326

For Firm changes, or to update individual VRC or Intern information, the Vocational firm Manager can either:

- Email the information to [PSRS@Lni.wa.gov](mailto:PSRS@Lni.wa.gov)
- Or**
- Us this form to submit your updates via:
  - Email [PSRS@Lni.wa.gov](mailto:PSRS@Lni.wa.gov)
  - Fax to 360-902-6706
  - Mail to the address at top left of page.

Note: This form is required when the firm is changing managers, please see #13 on page 3.

To change address for firms payment and IRS Form 1099, you must complete and submit the Provider Account Change Form (F245-365-000).

### 1. Firm's Information (required)

Firm's Name	Firm's Provider Number
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### 2. Change firm's physical location (headquarters) – New location. Not a PO Box

Address	City	State	Zip Code
Phone Number		Fax Number	

### 3. Change Firm's Mailing Address

Address	City	State	Zip Code
Phone Number		Fax Number	

### 4. To open, close or change a referral hub branch for firm or VRC, complete Appendix A on pp. 4-6.

### 5. Staff Deletions – VRCs and/or interns no longer with your firm (You may copy this form)

Provider Name	Provider Number	VRC/Intern ID#	Date of Separation
Provider Name	Provider Number	VRC/Intern ID#	Date of Separation

### 6. Add or delete firm designee VocLink Connect

Check one	Effective Date	Name (please print)	Branch Location	LINIIS Logon ID
<input type="checkbox"/> Add <input type="checkbox"/> Delete				
<input type="checkbox"/> Add <input type="checkbox"/> Delete				

### 7. Change VRC or Intern Email and/or Phone

Individual's Name	Provider Number
Email Address	Phone Number

8. To update VRC credential, send a copy of certificate to [PSRS@Lni.wa.gov](mailto:PSRS@Lni.wa.gov)

**9. Change intern Supervisor**

(must have previously applied with [Vocational Inter Supervisor Application](#) and received approval)

Intern's Name	Intern VRC ID	Intern Provider Number
New Supervisor's Name	Supervisor's VRC ID	Supervisor Provider Number

**10. Request For Forensic Status for VRC**

<input type="checkbox"/> Number or years providing direct vocational services working with Washington industrially injured or ill workers. _____		
<input type="checkbox"/> Attach copy of current CRC or ABVE credentials		
<input type="checkbox"/> List work history below, providing a total of five years of full-time experience providing direct vocational services to Washington State industrially injured or ill workers.		
Employer	Dates Worked From	Dates Worked To

**11. VRC or Intern Name Change** (attach documentation, e.g. marriage license, divorce decree, or court order)

Previous Vocational Provider Name	New Vocational Provider Name
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**12. Change VRC's or Intern's Primary Branch Address** (branch used as starting point for billing travel)

VRC Name	Provider Number		
Old Primary Branch Address	City	State	Zip Code
Old Phone Number(s)			
New Primary Branch Address	City	State	Zip Code
New Phone Number(s)			

**13. Change Firm Manager** (must be registered with L&I as Vocational Provider and current credentials on file)

I \_\_\_\_\_ attest that all of the information presented here by me  
Name of New Vocational Manager

Is true and accurate and that I will abide by the terms of the agreement in Part D of the [Vocational Provider and Firm Application \(F252-088-000\)](#). I have also read and signed the [Vocational Firm Quality Assurance Plan](#).

New Firm Manager's Name	Provider Number
Signature of New Firm Manager (required)	Date

**14. Referrals**

<b>Referrals (for VRC's only)</b>
I would like to turn referrals <input type="checkbox"/> On <input type="checkbox"/> Off <b>For:</b> <input type="checkbox"/> State Fund <input type="checkbox"/> Self-Insured <input type="checkbox"/> Both

## Appendix A – Changes to Vocational Referral Hub Branch

**Firm Manager – Use this form to submit changes to Referral Hub Branch information for VRCs (Part 1) and firms (Part 2).** Indicate which type(s) of changes you are requesting by checking the boxes below.

### Part 1

**I am updating the Referral Hub Branch(es) where the VRC (show below) will be assigned.**

I have listed the individual's three contiguous braches below.

You may copy this page if you are making changes for more than one VRC

Reminders:

- Individuals are limited to a maximum of three contiguous services locations.
- If changes affect the address used as the individual's *primary* branch, complete number 12 above.

Firm's Name		Firm's Provider Number
VRC's Name	VRC's ID Number	VRC's Provider Number

<b>Referral Hub Branch information for individual VRC</b>		
Service Location Name	Service Location Phone No	Branch Number

<b>Referral Hub Branch information for individual VRC</b>		
Service Location Name	Service Location Phone No	Branch Number

<b>Referral Hub Branch information for individual VRC</b>		
Service Location Name	Service Location Phone No	Branch Number

<b>Out of State/Country Referral Hub (Service Location 0)</b>	Branch Number
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## Part 2

I am updating the Referral Hub Branch(es) for my firm.

You may copy this page if you need more room

### Reminders

- Firms will have only one Referral Hub Branch per service location.
- If deleting or changing a Referral Hub Branch address that is also used as a primary branch for individual providers, list the individuals affected in **Part 3** on the next page.

Firm's Name	Firm's Provider Number
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### Referral Hub Branch information for firm

Check type of change you are requesting for each address entered.

**Note:** Only use "Change Address" when new address is within the existing Referral Hub Branch's service location

<input type="checkbox"/> Open a Referral Hub Branch in a new service location			
<input type="checkbox"/> Close an existing Referral Hub Branch in a service location			
<input type="checkbox"/> Change address of an existing Referral Hub Branch			
Service Location Name and Number			Branch Number
Street Address (cannot be PO Box)	City	State	Zip Code
Phone Number	Fax Number		

<input type="checkbox"/> Open a Referral Hub Branch in a new service location			
<input type="checkbox"/> Close an existing Referral Hub Branch in a service location			
<input type="checkbox"/> Change address of an existing Referral Hub Branch			
Service Location Name and Number			Branch Number
Street Address (cannot be PO Box)	City	State	Zip Code
Phone Number	Fax Number		

<input type="checkbox"/> Open a Referral Hub Branch in a new service location			
<input type="checkbox"/> Close an existing Referral Hub Branch in a service location			
<input type="checkbox"/> Change address of an existing Referral Hub Branch			
Service Location Name and Number			Branch Number
Street Address (cannot be PO Box)	City	State	Zip Code
Phone Number	Fax Number		

### Part 3

List all individual providers whose primary branch address is affected by Part 2 updates above.

Names	Provider Number