

**APPLICATION TO PROVIDE REEMPLOYMENT SERVICES AS A REHABILITATION SPECIALIST
 UNDER AS 23.30.041**

Applicant's Legal Name (Last, First, Middle Initial)	Business Telephone No.:
Business Address (Street, City, State , Zip)	Fax Number:
	E-mail Address:
Primary Domicile Address (Street, City, State , Zip)	Personal Telephone No.:

AN APPLICATION IS COMPLETE ONLY WHEN THE REEMPLOYMENT BENEFITS SECTION HAS RECEIVED THE INFORMATION ON THIS FORM AND THE APPLICABLE DOCUMENTS LISTED BELOW.

- A. Résumé documenting the applicant's education, training and work experience and names and addresses of professional organizations that have certified the applicant or in which the applicant is an active member.
- B. Proof of current certification as a Certified Rehabilitation Counselor or Certified Disability Management Specialist or proof the applicant meets the requirements of 8 AAC 45.415(3)(A) (outside USA).
- C. For application to provide services within the state of Alaska - proof that applicant's primary domicile address and business address are in the same geographical area
- D. If the applicant has employees – certificate of workers' compensation insurance including provision for 30-day's prior notice to the board of cancellation, non-renewal or material change of the policy.

AFFIDAVIT: I, _____, attest that I will personally provide the reemployment services to assigned employees in accordance with AS 23.30.041. I certify under penalty of perjury that the information in this form and required documents is complete, accurate and true to the best of my knowledge.

Applicant's Printed Name **Applicant's Signature** **Date**

SUBSCRIBED and SWORN to before me this day of , 20 .

Notary Public in and for _____
My commission expires: _____