

Please list any information which was on the original application for registration that we have not received which has changed or is no longer valid.

(FOR QUALIFIED REHABILITATION CONSULTANT (QRC) INTERNS ONLY)

I request registration renewal and continuing status as a QRC intern.

Explain:

I have obtained certification as a (*check one or more*) CRC CDMS CRRN and request registration renewal and approval by the Department of completion of internship. (Minn. Rules 5220.1400, subp. 4)

Explain:

I authorize the Workers' Compensation Division, Department of Labor and Industry, to make any appropriate investigation of the application and supporting documents. I understand that any omission or misrepresentation may result in rejection or revocation of registration.

SUBJECT TO APPROVAL OF THIS APPLICATION I AGREE TO NOTIFY THE DEPARTMENT OF LABOR AND INDUSTRY (651-284-5036) OF ANY CHANGE IN MY EMPLOYMENT STATUS. Given a change in my employment status I will accept responsibility to notify all parties to the cases on which I am the assigned QRC as to whom the reassignment will be made, subject to approval of the Commissioner of Labor and Industry.

I hereby agree to be bound by all statutes, rules and orders, and realize that violations may result in revocation of registration.

I CERTIFY THAT I AM A FULL-TIME RESIDENT OF MINNESOTA, or I live no more than 100 miles by road from the Minnesota border. (Minn. Rules 5220.1400, subp. 5)

APPLICANT SIGNATURE	DATE
QRC SUPERVISOR SIGNATURE (if applicant is a QRC Intern)	DATE

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 284-5459 or 1-800-342-5354/Voice or TDD (651) 297-4198.