



DVR Application for VOCATIONAL EVALUATION (VE) Packet Instructions

(Effective October 1, 2009)

Thank you for your interest in becoming a Vocational Evaluation Provider with the Florida Department of Education, Division of Vocational Rehabilitation (DVR). We are pleased to have the opportunity to enter into this partnership with you to assist our customers in preparing for, securing, regaining, or retaining employment.

To apply for certification, please complete the following:

1. Register with the MyFloridaMarketPlace (MFMP) statewide electronic purchasing and payment system

http://dms.myflorida.com/egovernment_tools/myflorida_marketplace

MyFloridaMarketPlace, a web-based procurement system, is designed to streamline interactions between vendors and state government entities. All vendors wishing to do business with the state of Florida, whether a supplier of paper clips or a physician providing medical services, must first be a registered vendor with the state. This is a very important step because this system allows payments to be made to a vendor for their commodities or services.

This online registration must take place prior to VR's Vocational Evaluation Provider Application process being finalized. You can complete this registration at MyFloridaMarketPlace.com under the "Vendors" link.

***Vendors providing direct service to eligible clients are exempt from the 1% fee that MFMP usually charges, even though vendors must sign that they will accept the fee. There will be a disclaimer on all DVR authorizations that ensures that DVR vendors of direct client services are not subject to this fee.

2. Visit our website www.rehabworks.org and click on the "Vendors" link.

Select the "Vendors Manual and Procedures". In this manual you will find the complete application packet for Vocational Evaluation as well as a procedures and requirements manual that will outline the certification process, qualifications and documents needed for submission to Vocational Rehabilitation to obtain certification.

3. Complete the DVR Application Packet for Vocational Evaluation Providers.

The DVR Application Packet for Vocational Evaluation Provider must be completed and signed by an authorized agent. The Vocational Evaluation Provider Application Packet may be found on www.rehabworks.org on the "Vendors" page.

Mail the Vocational Evaluation Provider Application along with supporting documentation as outlined in the Vendor Qualifications Manual to the address listed at the bottom of the application or fax it to (850) 245-3394.

If you have any questions, comments, or concerns please do not hesitate to contact the DVR Vendor Certification Unit at rvendors@fldoe.vr.org or 866-580-7438.

Thank you we look forward to working with you.

9/29/2009



DIVISION OF VOCATIONAL REHABILITATION

DVR APPLICATION FOR VOCATIONAL EVALUATION

(Please Type or Print the Following Information)

MY FLORIDA MARKET PLACE VENDOR NUMBER _____
Business Federal Employer Identification or Individual Social Security Number

NAME OF BUSINESS (as registered in MyFloridaMarketPlace): _____

DOING BUSINESS AS (if applicable): _____

INDIVIDUAL'S NAME: _____

SERVICE SITE LOCATION ADDRESS: _____

City

State

Zip Code

PLEASE INDICATE THE COUNTIES TO BE SERVED: _____

MAILING ADDRESS: _____

City

State

Zip Code

REMIT / BILLING ADDRESS: _____

City

State

Zip Code

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

CONTACT NAME AND TITLE: _____

CONTACT EMAIL ADDRESS AND PHONE NUMBER: _____

Email Address

Phone Number



DVR APPLICATION FOR VOCATIONAL EVALUATION (Page 2)

(Please Type or Print the Following Information)

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THE DEPARTMENT OF EDUCATION? Circle One: YES NO

IF YES, PLEASE INDICATE WHO: _____

PLEASE READ AND SIGN BELOW:

I/We will accept and render services to customers of the Division of Vocational Rehabilitation (DVR) on a non-discriminatory basis without regard to race or color, disability, or national origin. I/We agree to comply with the Americans with Disability Act of 1990 as appropriate to the business.

Signature

Date

IS YOUR APPLICATION COMPLETE?

- Registered in MyFloridaMarketPlace**
- Signed and dated application**
- Original Attestation of General Liability insurance**
- An official copy of the current certificate as Vocational Evaluation Specialists (CVE) as outlined in the Vendor Qualifications Manual, OR**
- Proof of education and experience as outlined in the Vendor Qualifications Manual list of qualifying criteria for Vocational Evaluators**

**Please mail application and all required documents to:
Division of Vocational Rehabilitation
Vendor Certification
2002 Old St. Augustine Road, Building A
Tallahassee FL 32301**

**If you have any questions that pertain to this application, please contact
DVR Vendor Certification Unit at 866-580-7438 or 850-245-3401
or e-mail: vrvendors@vr.fldoe.org**

State of Florida, Department of Education
Division of Vocational Rehabilitation

ATTESTATION OF GENERAL LIABILITY INSURANCE

As a condition of becoming a Vendor to provide Vocational Evaluation Services in behalf of the Department of Education/Division of Vocational Rehabilitation (DOE/DVR), _____ (Vendor) hereby attests that he/she/it and all or his/her/its employees who will provide Vocational Evaluation Services, has/have liability insurance, at a minimum of one-million (\$1,000,000) dollars, including errors and omissions as required by the DOE/DVR.

Additionally, _____ (Vendor) will maintain this insurance during the period of certification and shall present proof of such insurance upon request by the DOE/DVR to maintain a current Qualified Vendor Certification Status. Failure to do so will result in revocation of its qualified status and termination of all rights to provide Vocational Evaluation Services.

(Vendor)

By: _____

(Printed Name of Authorized Representative)

(Signatory Capacity)

(Address)

(Telephone)

(Fax)

(Date)

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 200__ by

(Name of Person Making Statement)

(Signature of Notary Public)

(Print, Type, or Stamp)

(Commissioned Name of Notary Public)

Personally known ____ or Produced Identification ____.

Type of Identification produced
