

Dear Applicant:

Thank you for your interest in becoming a Department of Education, Division of Vocational Rehabilitation (DVR) On the Job Training (OJT) Employer. OJT is an opportunity for you, the employer, to mentor a person with a disability, helping them develop the skills needed to realize their career goals. During OJT, the trainee interacts on a regular basis with employees who do not have disabilities, holds a regular position, and is paid no less than minimum wage. OJT helps people with disabilities get used to the employment environment while gaining valuable work experience. In return, VR will reimburse the gross hourly wages paid to the OJT participant up to 40 hours per week. Effective July 1, 2018, VR will also provide workers' compensation coverage for adults and youth participating in OJT and other work experience programs.

In order to be eligible for registration, potential OJT Employers must register as a vendor in MyFloridaMarketPlace (MFMP) and submit a substitute W-9 to the Department of Financial Services via the State of Florida Vendor Website.

Please read all the instructions included in the application package carefully and complete each item as requested. Incomplete applications will result in process delays and possible denial. If you have any questions regarding the application package or process, please contact the Vendor Registration Unit at 866-580-7438 or 850-245-3401 or via email at VRVendors@vr.fldoe.org.

Please mail or fax completed applications and all required documentation to:

Division of Vocational Rehabilitation
Vendor Registration Unit
4070 Esplanade Way 2nd Floor
Tallahassee, FL 32399-7016
Fax Number: 850-245-3394

Thank you for your commitment to helping people with disabilities find and maintain employment and enhance their independence. We look forward to working with you.

Division of Vocational Rehabilitation
Vendor Registration Unit

Enclosures

ALLISON FLANAGAN

Director, Division of Vocational Rehabilitation

2nd Floor • 4070 Esplanade Way • Tallahassee, FL 32399-7016

Toll Free: 1-800-451-4327 • 850-245-3399 • FAX: 850-245-3392 • www.rehabworks.org

TTY users dial 711 • VP users connect via VRS

VENDOR INFORMATION

MYFLORIDAMARKETPLACE (Federal Tax ID) NUMBER:

* EMPLOYER NAME:

CONTACT PERSON'S NAME:

* MAILING ADDRESS:

	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip Code + Four Digits

* REMITTANCE ADDRESS:

	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip Code + Four Digits

PRIMARY TELEPHONE NUMBER: FAX NUMBER:

CONTACT NAME: CONTACT PHONE NUMBER:

EMAIL ADDRESS:

* This information should be the same reflected in MFMP and on your registration with the Department of State, Division of Corporations.

**PLEASE LIST LOCATIONS WHERE OJT WILL TAKE PLACE
(Attach additional pages as necessary)**

	Location 1	Location 2	Location 3
Street address	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State/Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is each location fully accessible to persons with disabilities? Yes No

OTHER LANGUAGES

Could you assist customers in other languages? Yes No
(please mark all applicable)

American Sign Language	Spanish	Creole	Other. Please Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

ON THE JOB TRAINING INFORMATION

PERSON'S NAME THAT WILL VERIFY
INSTRUCTION AND ATTENDANCE

POSITION TITLE FOR OJT

Please provide company name, contact name and phone number of Employment Services Provider facilitating OJT arrangement, if applicable:

EMPLOYMENT SERVICES PROVIDER NAME

EMPLOYMENT SERVICES STAFF CONTACT NAME

EMPLOYMENT SERVICES PROVIDER PHONE NO.

CONFIDENTIALITY

Access to a VR customer's confidential information must be safeguarded at all times. Such information shall not be used or disclosed for any purpose not in conformity with State and Federal laws and regulations without written consent of the customer or their parent, guardian, or other authorized representative.

Please mail, email or fax application and all required documents, if any, to:

Florida Department of Education
Division of Vocational Rehabilitation
Vendor Registration Unit
4070 Esplanade Way, 2nd Floor
Tallahassee, FL 32399-7016
Fax Number: 850-245-3394
VRVendors@vr.fldoe.org

If you have any questions that pertain to this application, please contact
Vendor Registration Unit at
866-580-7438 or
850-245-3401

IS YOUR APPLICATION COMPLETE?

- Copy of OJT objectives or performance standards to be learned
- Notarized Attestation of On-the-Job Training Vendor Status

PLEASE READ AND SIGN BELOW:

I hereby acknowledge I am authorized to make application on behalf of the Employer to become an approved On The Job Training Employer. I further acknowledge that I have read and agree to be bound by the terms of registration outlined in this application and in section 413.208, Florida Statutes. I acknowledge that the Provider is subject at all times to a due-diligence inquiry as to its fitness to undertake service responsibilities, and that the Provider's registration may be suspended pending such inquiry. If approved, we agree to accept and render services to customers of the Division of Vocational Rehabilitation (VR) on a non-discriminatory basis without regard to race, color, religion, sex, national origin, age, disability, political affiliation or belief.

Signature

Date

Printed Name of Applicant:

ATTESTATION OF ON-THE-JOB TRAINING EMPLOYER VENDOR STATUS

As a condition of becoming a registered vendor to provide On-the-Job Training services on behalf of the Department of Education/ Division of Vocational Rehabilitation (DOE/DVR), _____ (registering entity) hereby attests that he/she/it _____ (registering entity) ensures a minimal general liability insurance policy of \$250,000 is held by respective registering entity that includes DOE/VR as certificate holder and additional insured.

Additionally, _____ (registering entity) agrees and shall present proof of above referenced insurance policies upon request by the DOE/DVR in order to maintain a current qualified Vendor Registration status. Failure to do so will result in revocation of its registration status and termination of all rights to provide On-the-Job Training services to DVR clients by the registering entity.

The _____ (registering entity) further understands that at any time the DOE/DVR determines that the registering entity is in violation of this attestation or Vendor Registration requirement(s) that the DOE/DVR shall terminate this registration and will withhold payments for any services that were provided to clients during the period of time that the registering entity was out of compliance.

This registration is in effect for five years or until cancelled by either party or by default as determined by DOE/DVR.

Registering Entity/Company Name Vendor ID Number

Printed Name of Authorized Representative

Signature of Authorized Representative (must be notarized)

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20____

By _____

(Signature of Notary Public)

(Stamp of Commissioned Notary Public)

Personally known ____ *or Produced Identification* ____

Type of Identification produced _____