



## Employment Supports for Brain Injury - Professional Staff

### Reason for Submission

**Date of submission:**

Application package      Update of information due to change in information on file. For example: qualifications change.  
Other: Specify:

### Entity's Information

**Entity:** The business that is requesting or has been granted the bilateral contract with TWC to provide services on behalf of VR customers.

**Entity's legal name:**

**Entity's "doing business as" (DBA) name:**

**Employer Identification Number (EIN): (9 digits, issued by IRS)**

### General Instructions

Follow the instructions below when completing this form and follow the associated procedures:

- For each staff person who will be providing therapeutic services to TWS-VR customers in Employment Supports for Brain Injury, enter the information identified for each column below.
- Certified Brain Injury Specialists (CBIS) can be found at <https://www.biausa.org/public-affairs/media/acbis-certificant-list>
- Each staff member must meet the staff qualifications described in the Standards for Providers Chapter 21: Employment Supports for Brain Injury, section 21.2.1 Licensed and Certified Professionals.
- Use the following description for the Name of Professional License or Credential column:
  - Behavior Analyst- Texas Department of Licensing and Regulation
  - Case Manager- Commission for Case Manager Certification
  - Certified Therapeutic Recreation Specialist - National Council for Therapeutic Recreation Certification
  - Occupational Therapist- Texas Board of Occupational Therapy Examiners
  - Physical Therapist- Texas Board of Physical Therapy Examiners
  - Speech and Language Pathologist- Texas Department of Licensing and Regulation
  - Psychiatrist- Texas Medical Board
  - Licensed Professional Counselor- Texas State Board of Examiners of Professional Counselors
  - Psychologists- Texas State Board of Examiners of Psychologists
  - Licensed Bachelor Social Worker- Texas State Board of Social Worker Examiners
  - Licensed Clinical Social Worker- Texas State Board of Social Worker Examiners
  - Licensed Master Social Worker- Texas State Board of Social Worker Examiners

Staff Person's First Name	Staff Person's Last Name	Hire Date	Termination Date	Title/Position	License Number	License Expiration Date	Name of Professional License or Credential	Expiration Date of License or Credential	TWC-VR Verified
EXAMPLE: Jane	EXAMPLE: Doe	01/01/01	02/02/02	Physical Therapist	12345	02/15/21	Physical Therapist- Texas Board of Physical Therapy Examiners	10/15/22	<input checked="" type="checkbox"/> Yes
									<input type="checkbox"/> Yes
									<input type="checkbox"/> Yes
									<input type="checkbox"/> Yes
									<input type="checkbox"/> Yes
									<input type="checkbox"/> Yes
									<input type="checkbox"/> Yes
									<input type="checkbox"/> Yes
									<input type="checkbox"/> Yes
									<input type="checkbox"/> Yes
									<input type="checkbox"/> Yes

**Director's Signature (When the legal representative is also the Director, signature is still required)**

I, the director appointed by the entity's legally authorized representative and certify that:

- all information recorded above has been verified;
- I have reviewed the TWC VR Standards for Providers and the contract requirements, and I agree that the staff person meets the qualifications;
- a copy of this form and supporting documentation is in the personnel file of the staff person and will be made available to TWC upon request; and
- failure to abide with the entity's TWC contract requirements and TWC VR Standards for Providers might cause adverse consequences for the entity, such as denial of payments, recoupment of payments, suspension of service provision to VR customers, or loss of an awarded contract.

<b>Typed Name:</b>	<b>Title:</b>	<b>Handwritten signature of Director:</b> <b>X</b>	<b>Date:</b>
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**Agency Use Only**

**Comments:**

<b>Licensure or Credential Verified</b>	<b>Licensure or Credential Verification Date</b>	<b>Name of Person Verifying License or Credential</b>	<b>Title</b>	<b>Initials</b>