

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE
DEVELOPMENT**

**Division of Workers' Compensation
Nashville, Tennessee 37243-0661**

CASE MANAGER REGISTRATION

NAME: _____

TITLE: _____

CERTIFICATIONS:

	<u>TYPE</u>	<u>CERTIFICATION NUMBER</u>	<u>DATE ISSUED</u>	<u>DATE EXPIRES</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

TN. LICENSE NUMBER TEMPORARY _____ PERMANENT _____

R.N. _____ DATE OF EXPIRATION _____

M.D. _____ DATE OF EXPIRATION _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY TELEPHONE NUMBER: _____

YOUR OFFICE PHONE NUMBER: _____

FAX NUMBER: _____

PLEASE LIST ANY PROVIDERS WITH WHOM YOU SELF CONTRACT:

SIGNATURE: