

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: