

**WORKERS' COMPENSATION COMMISSION**

**AGREEMENT ON THE PROPRIETY OF SERVICES AND SELECTION OF PRACTITIONER**



INSTRUCTIONS: Pursuant to COMAR 14.09.05.09 this form must be submitted to the Workers' Compensation Commission and a copy sent to the selected vocational rehabilitation practitioner.

WCC CLAIM NUMBER: \_\_\_\_\_

CLAIMANT: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

INSURER: \_\_\_\_\_

**Agreed Upon Vocational Rehabilitation Practitioner:**

Practitioner Name: \_\_\_\_\_ WCC Number: \_\_\_\_\_

Address: \_\_\_\_\_

The undersigned hereby agrees to the propriety of vocational rehabilitation services and the selection of the above-named vocational rehabilitation practitioner.

\_\_\_\_\_  
Employer/Insurer Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Claimant/Attorney Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**NOTICE**

**Pursuant to COMAR 14.09.05.09, the practitioner may not contact the above claimant or initiate vocational rehabilitation services until the practitioner has received a copy of this notice.**

**CERTIFICATION OF SERVICE**

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed, postage prepaid, a copy of this AGREEMENT and any attached documentation to all parties and their attorneys.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

10 East Baltimore Street · Baltimore, Maryland 21202-1641  
410-864-5100 · Email: info@wcc.state.md.us · Web: http://www.wcc.state.md.us