



Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
800-332-2667

FORM C-38

APPLICATION FOR CASE MANAGER REGISTRATION

\_\_\_\_\_ New Registration (\$100.00 fee) \_\_\_\_\_ Renewal of Registration (\$50.00 fee)

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PROVIDERS WITH WHICH YOU SELF-CONTRACT: \_\_\_\_\_

\_\_\_\_\_

Table with 4 columns: Certification Type, Certification #, Date Issued, Date Expires. Rows 1, 2, 3.

RN LICENSE (if applicable) # \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

STATE ISSUING LICENSE \_\_\_\_\_ CIRCLE ONE: Temporary Permanent

Please provide a copy of your current RN License, proof of the certification(s) listed above and your payment with this completed form. Please make your check or money order payable to the Tennessee Bureau of Workers' Compensation.

\*\*If this is a renewal, please include proof of Tennessee continuing education hours since your last registration (minimum 4 hours per year).

By my signature below, I certify that the information provided on this application is true and accurate, to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_