



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 _____

DIRECT SUPERVISOR OR COMPLIANCE OFFICER NAME AND CONTACT INFO: _____

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). If you self-contract, please provide a list of those companies.

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 _____