

Maryland State Department of Education  
**Division of Rehabilitation Services**  
**DORS Benefits Counselor Application – Addendum**

Please provide the following information and submit with the [DORS Provider/Vendor Application](#).

**Benefits Counselor Name:** \_\_\_\_\_

**Are you an Independent Practitioner?**

Yes: If yes, Practicing as: \_\_\_\_\_

No: If no, Employed by: \_\_\_\_\_

**Are you employed by WIPA or an affiliated organization?**

Yes  No

**Which Benefits Planning Training Program did you complete?**

Educational Institution: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Credential Type:  CWIC  CPWIC  WIP

Certification Expiration Date: \_\_\_\_\_

Credential Status:  Provisional  Full