

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