



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

FOR BWC USE ONLY:
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EXPIRATION

FORM C-38

APPLICATION FOR CASE MANAGER REGISTRATION

[] New Registration (\$100.00 fee) [] Renewal of Registration (\$50.00 fee)

CM ___ CMA ___ Telephonic ___ Field ___

NAME: _____ PHONE: _____

EMAIL: _____ FAX: _____

COMPANY NAME: _____

COMPANY STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CM PHYSICAL LOCATION CITY: _____ STATE: _____

DIRECT SUPERVISOR OR COMPLIANCE OFFICER NAME: _____

EMAIL: _____ PHONE: _____

FOR CMAs: TN REGISTERED CM SUPERVISOR NAME: _____

EMAIL: _____ PHONE: _____

WHICH CREDENTIALS DO YOU HOLD?

RN _____ STATE _____ START DATE _____ EXP DATE _____

CCM _____ START DATE _____ EXP DATE _____

CRRN _____ START DATE _____ EXP DATE _____

CDMS _____ START DATE _____ EXP DATE _____

COHN _____ START DATE _____ EXP DATE _____

CRC _____ START DATE _____ EXP DATE _____

MVRC _____ START DATE _____ EXP DATE _____

*Please provide a copy of any credentials listed above and your payment with this completed form. Please make your check or money order payable to the Tennessee Bureau of Workers' Compensation. proof of credentials must have your name, certificate number, and expiration date on them.

*For renewals, please include proof of 8 hours of continuing education units. See cm rules for details.

*If documents are emailed, they must be in a pdf format.

*If you self-contract, please provide a list of companies that you contract with.

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

Signature
LB-0965(REV03/23)

Date

RDA 10183