



Georgia Vocational Rehabilitation Agency

Disability Adjudication Services

APPLICATION FOR MEMBERSHIP - REGISTER OF CONSULTANTS TO CONDUCT SOCIAL SECURITY (SSDI/SSI) DISABILITY EVALUATIONS

FULL NAME (last/first/middle):	DATE OF BIRTH:
STREET	FED. I.D. #:
P. O. BOX	GA LIC. #:
CITY, STATE, ZIP	ASHA #:
TELEPHONE:	FAX:
EMAIL:	
LANGUAGES IN WHICH YOU ARE FLUENT:	
OFFICE LOCATION:	
SPECIALTY:	
DEGREE:	DATE GRADUATED:
LIST OTHER STATES IN WHICH YOU ARE LICENSED:	

Please send this completed application and the following documents to: GADDS.PRU@SSA.GOV

- Curriculum Vitae (CV) or Résumé.
- Copy of Degree (must be legible).
- Copy of Certificate of Satisfactory completion of each year of post-graduate training, if applicable (must be legible).
- Copy of Board Certification, if applicable (must be legible).

You will be contacted by the Professional Relations Officer assigned to your area of the state.

I understand that my application cannot be processed unless all of the requested information is provided. Furthermore, I understand that a credentials check will be made upon receipt of my application.

I certify that, to the best of my knowledge and belief, all of the information on this form is correct. I understand I will not be considered for an agreement to provide services if I am unable to certify to the above; and, false certification will be grounds for termination of any resulting agreement to provide services.

Signed: _____

Date: _____