



Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
800-332-2667 | wccase.management@tn.gov

FORM C-38

APPLICATION FOR CASE MANAGER REGISTRATION

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

Case Manager(CM) Case Manager Assistant(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 Date Earned: School

- Please provide a copy of any credentials listed above.
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.
Please do not mail payment until after your registration has been processed by the TN BWC.
Email completed form to wccase.management@tn.gov.

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(REV06/23)

Date

RDA 10183