

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
MEDICAL UNIT
P. O. Box 71010
Oakland, CA 94612
Tel. No.: (510) 286-3700 or 1-(800) 794-6900



NOTICE OF QME COMPETENCY EXAMINATION APRIL 29, 2017

The Division of Workers' Compensation (DWC) will administer the next Qualified Medical Evaluator (QME) Competency Examination on **Saturday, April 29, 2017**.

Physicians who wish to take the exam on April 29, 2017, must submit a completed original [Application for Appointment as Qualified Medical Evaluator](#) (QME Form 100). Send all documentation/fees required and complete the [Registration for the QME Competency Examination](#) (QME Form 102).

The application and all required documentation must be reviewed and approved by the DWC before a physician can be registered for the exam (Title 8, California Code of Regulations §§10, 11). The application must be **postmarked by March 16, 2017** in order to qualify for this exam. Qualified registrants will receive a confirmation letter along with a Candidate Information Booklet by email/mail. Please keep a copy for your records. The DWC is not responsible for late or lost applications.

All physicians are required to pay a non-refundable/non-rollover \$125.00 fee to sit for any upcoming QME examination (Title 8, California Code of Regulations § 11(f)(2)). Before appointment as a QME, the physician shall complete a 12 hour course in disability evaluation report writing approved by the Administrative Director (Labor Code § 139.2).

The DWC will assess your annual QME fee after you have successfully passed the QME Competency Exam in order to activate your QME status.

Please call 1-800-794-6900 or (510) 286-3700 or email QMETest@dir.ca.gov for further assistance. For additional information regarding the qualifications to become a QME, please visit the DWC [website](#). You may also obtain additional application [forms](#) on the website.

Sincerely,

Division of Workers' Compensation Medical Unit

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REGISTRATION FOR
QME COMPETENCY EXAMINATION
APRIL 29, 2017

PLEASE COMPLETE THIS REGISTRATION FORM AND RETURN POSTMARKED NO LATER THAN MARCH 16, 2017. THE DIVISION OF WORKERS' COMPENSATION (DWC) IS NOT RESPONSIBLE FOR LATE OR LOST APPLICATIONS. PLEASE SEND YOUR REGISTRATION AND APPLICATION FORMS TO:

DIVISION OF WORKERS' COMPENSATION - ATTN: QME EXAM MEDICAL UNIT
MAILING ADDRESS: P. O. BOX 71010 OAKLAND, CA 94612
STREET ADDRESS FOR EXPRESS DELIVERY: 1515 CLAY STREET 18TH FLR. OAKLAND, CA 94612

NAME: LAST, FIRST, MI, JR./SR.

ADDRESS: (street address), (city), CA (zip) (+4)

PHONE NUMBER: () - FAX NUMBER: () -

PHYSICIAN'S LICENSE NUMBER: Prefix - Number

EXAM DATE & TIME: APRIL 29, 2017 Registration begins at 9:30 a.m. Examination begins at 10:00 a.m.

PREFERRED EXAM LOCATION: (TEST SITE WILL BE INDICATED ON YOUR CONFIRMATION LETTER FROM CPS.)
Northern California Southern California

DO YOU HAVE ANY NEED FOR ACCOMODATIONS DUE TO A DISABILITY OR RELIGIOUS CONFLICT?
No Yes (Please see the Special Administration Procedures at the back of this page.)

AFFIRMATIONS and VERIFICATION

I have used all reasonable diligence in preparing and completing this application. I have reviewed this completed application and to the best of my knowledge the information contained herein and in the attached supporting documentation is true, correct and complete. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that I must keep my license to practice active and that it currently is active. I certify that I am not currently on probation with my licensing board nor on any court-ordered probation. I certify I will notify the DWC of any of the following events: a) change in my license status; b) any past or future conviction related to the conduct of my practice or for any crime of moral turpitude; and c) upon being placed on probation by my licensing board or by any court-ordered probation.

I certify that all the information and supporting documentation which I have previously submitted to the DWC with earlier QME application(s) is bona fide, true and correct.

Executed on: mm/dd/yy at County & State Applicant's Signature

REGISTERING FOR SPECIAL ADMINISTRATION PROCEDURES

Examinee with a Disabling Condition or Religious Conflict

Special administration arrangements can be provided for examinees who, due to a disability or religious conflict, would not be able to take the test under standard conditions. Requests for special arrangements must be made by the REGULAR REGISTRATION DEADLINE. It may not be possible to honor requests for special testing arrangements received after the regular registration deadline.

Individuals whose religious convictions prohibit them from taking tests on Saturdays or religious holidays may request a special test administration

All of the following must be submitted if special arrangements are needed due to a disability:

- a letter from you describing the condition and the specific special arrangements requested; and
- a completed registration form.

YOUR PROFESSIONAL LICENSE NUMBER AND TELEPHONE NUMBER MUST APPEAR ON ALL CORRESPONDENCE.

If you need special facilities (e.g., wheelchair accessible building or restrooms), please notify by letter, Cooperative Personnel Services (CPS) at 241 Lathrop Way, Sacramento, CA 95815. In this case, it is not necessary to submit any medical documentation.

Special arrangements for the following conditions can be accommodated at ALL test sites:

- special seating (e.g., due to pregnancy)
- wheelchair accessible facilities
- use of magnifying devices or large-print tests (e.g., for those with visual impairments).

Arrangements that require SUBSTANTIAL CHANGES IN TESTING CONDITIONS may be accommodated only at selected test sites. If it is necessary to relocate you to accommodate any other type of request, you will be contacted directly to discuss the arrangement.

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ALL PHYSICIANS REQUIRED TO PAY
NON-REFUNDABLE/NON-ROLLOVER \$125.00 FEE

Effective with the September 20, 2003 QME exam, all physicians are required to pay a non-refundable/non-rollover \$125.00 fee to sit for any upcoming Qualified Medical Evaluator examination. (Title 8, California Code of Regulations §11(f)(2)).

If you have any questions regarding the fee, please call 1-800-794-6900 or 510-286-3700 or email QMETest@dir.ca.gov for further information.

Please send this completed form with a \$125.00 check payable to “**Division of Workers’ Compensation**” along with your application for appointment as QME, QME competency exam registration form and documentation to:

Division of Workers’ Compensation
Medical Unit
P O Box 71010
Oakland, CA 94612
Attn: Examination Coordinator

NAME: _____ CA PHYSICIAN’S NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FAX NUMBER: _____ E-MAIL ADDRESS: _____

Sincerely,

Division of Workers’ Compensation Medical Unit

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SUGGESTED REFERENCES

(For Physicians planning to take the QME Examination)

Physician's Guide to Medical Practice in the California Workers' Compensation System, 2016, 4th ed. (Available from the DWC/Manual Order, PO Box 71010, Oakland, CA 94612; \$15.00) Also, available through the Internet at www.dir.ca.gov/dwc/medicalunit/toc.pdf. or www.dwc.ca.gov, click "Publications", click "The Physician's Guide to Medical Practice in the California Workers' Compensation System".

Provisions of the California Code of Regulations; Title 8, Industrial Relations. Information is available through the DWC's website, www.dwc.ca.gov, click "Laws and Regulations". (A copy is included with the purchase of "The Physician's Guide to Medical Practice").

DWC Medical Unit, QME Competency Examination Study Guide
<http://www.dir.ca.gov/dwc/MedicalUnit/QualificationForQME.html>

Herlick, SD. The California Workers' Compensation Handbook 36th Ed. Available Dec 2016 from Lexis/Nexis, Matthew Bender & Co., Inc. (To order: 1-800-223-1940 or www.lexisnexis.com/store , approximately \$208.00, product #80283).

Workers' Compensation Laws of California, 2017 Ed. Matthew Bender (To place an order: 1-800-223-1940 or www.lexisnexis.com/store ; \$124.00, product #00840). Especially sections: 139.2, 139.3, 139.31, 4060, 4061, 4062, 4600, 4628. Information is available through the DWC's website, www.dwc.ca.gov, click "Laws and Regulations".

Thurber, P. Evaluation of Industrial Disability, 2nd ed., 1960 (Purchase from Amazon.com. http://www.amazon.com/Evaluation-Industrial-Disability-California-Association/dp/0195011430/ref=sr_1_2?s=books&ie=UTF8&qid=1387299653&sr=1-2&keywords=Evaluation+of+Industrial+Disability%2C . \$27.99)

SB 863 (2013), SB 899 (2004), SB 228 (2003), AB 749 (2002). The senate and assembly bills are located at <http://www.leginfo.ca.gov/bilinfo.html>

AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, 1-800-621-8335 or www.ama-assn.org or www.amazon.com (especially chapters 1, 2 and 18) (rev 10/25/16jvr)

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12 HOUR REPORT WRITING COURSE PROVIDERS

Effective January 1, 2001, "A physician seeking appointment as a QME on or after January 1, 2001, shall also complete prior to appointment, a 12 hour course on Disability Evaluation Report Writing approved by the DWC", (LC§139.2).

The following are the "CLASSROOM" 12 hour Report Writing course providers approved by the Division of Workers' Compensation:

NAME	LOCATION	PHONE NUMBER
James Platto, DC/Dennis Sosine, DC Dennis Sosine, DC/James Platto, DC	Southern California Northern California	209-966-5652 925-639-5019
Dana Livingstone Lopez	www.teachqme.com	760-944-6769
California Orthopedic Association (COA) Contact: Diane Przepiorski	Southern California	916-454-9884
California Medical Evaluators (CME)	www.calmedeval.com	888-853-7944

Below are approved providers for 12 Hour Report Writing Online and/or Distance Courses

NAME	LOCATION	PHONE NUMBER
California Society of Industrial Medicine & Surgery (CSIMS)	www.csims.org	800-692-4199
Dana Livingstone-Lopez (Distance)	www.teachqme.com	760-944-6769
James Platto, DC/Dennis Sosine, DC	dr.platto@sti.net	209-966-5652
WorkCompCentral	Jacob@workcompcentral.com	805-484-0333 x 133
Integrative & Sports Medicine Center	frank@HeCares.net	408-720-1763
California Medical Evaluators (CME) (Distance)	www.calmedeval.com	888-853-7944
Safety Works	www.safetyworks.org	877-204-5682
Legal Minds	www.LegalMindsAcadamy.com	800-792-9129

These are the only report writing course providers approved at this time. You must attend a report writing course prior to being appointed as a QME, but are **not** required to take the course prior to the QME examination, unless you wish to.

If you have any further questions you may call the DWC Medical Unit at 1-800-794-6900. Thank you for your interest in the Qualified Medical Evaluator program.