

State of California  
Division of Workers' Compensation Medical Unit  
P.O. Box 71010  
Oakland, CA 94612

**OME Notice of Unavailability**

Form must be filed 30 days prior to date of unavailability

OME first name (Required) (Print or type): \_\_\_\_\_

OME last name (Required) (Print or type): \_\_\_\_\_

Complete both pages of this application to request for unavailability. It is not an acceptable reason for unavailability that a QME does not intend to perform evaluations for unrepresented workers. A QME who is unavailable may not schedule or perform QME evaluation examinations (initial or follow up) until the QME returns to active status. A QME may complete reports for evaluation exams performed before becoming unavailable or supplemental reports. A QME who is unavailable for more than 90 days during the QME fee period without good cause may be denied reappointment. If this form is being filed less than 30 days before the QME is to become unavailable, attach a separate explanation of good cause for approving the late application. Check the appropriate box to indicate that you will be unavailable for panel assignments for a period of 14 days to 90 days.

Completion of this section is required. (Choose only one)

I will be unavailable for all qualified medical evaluation panel assignment  
from \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

I will be unavailable only at the QME office (s) location listed below for all  
all qualified medical evaluation panel assignment from \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

OME signature \_\_\_\_\_ Date \_\_\_\_\_

Calif. License number \_\_\_\_\_

Section 33(c) of title 8 of the California Code of Regulation requires a OME to list *all* of the comprehensive medical/legal evaluation examinations already scheduled during the time requested for unavailable status at the time the request for is filed with the medical unit. (Completion of this section is required)

Date of the request \_\_\_\_\_ Calif. License number \_\_\_\_\_

I have no examinations scheduled during the period I have requested unavailability.

<u>Appointment date (MM/DD/YYYY)</u>	<u>Injured Worker Name</u>	<u>Panel number, if applicable</u>	<u>Appointment Type</u>	<u>Exam Status</u>
_____ <u>Appointment date (MM/DD/YYYY)</u>	_____ <u>Injured Worker Name</u>	_____ <u>Panel number, if applicable</u>	_____ <u>Appointment Type</u>	_____ <u>Exam Status</u>
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