

DEPARTMENT OF INDUSTRIAL RELATIONS

**DWC – Medical Unit**

P. O. Box 71010

Oakland, CA 94612

Tel. No.: (510) 286-3700 or 1-(800) 794-6900 Fax No.: (510) 622-3467



## NOTICE OF QME COMPETENCY EXAM

The Division of Workers' Compensation (DWC, the division) will administer the Qualified Medical Evaluator (QME) Competency Examination from April 5th through April 11<sup>th</sup> 2025. The exam will be given via computer at Pearson VUE Testing Centers.

Physicians who want to take the April 2025 QME Exam must submit a completed **Application for Appointment as Qualified Medical Evaluator (QME Form 100)**; **the attached registration packet**; and the required \$125 examination fee to the division at the address indicated and post-marked no later than **February 19<sup>th</sup> 2025** (Cal. Code Regs., tit. 8, §11(f)(2).) Please note that the division is not responsible for late or lost applications.

Only those applications postmarked on or before **February 19<sup>th</sup>, 2025** will be reviewed to determine a candidate's eligibility to sit for the QME examination. The division will send written confirmation by email to all those candidates who have been approved to take the exam.

For additional information on QME qualifications, please visit the DWC [website](#). If you have further questions or require assistance, please call 1-800-794-6900 or (510) 286-3700, or send an email [QMETest@dir.ca.gov](mailto:QMETest@dir.ca.gov).

### **Notice regarding Public Access to Information about QME applicants**

Please note that completed QME applications and registration forms submitted to the division become records accessible to members of the public for inspection and copying under the California Public Records Act (PRA; Gov. Code, §7920 et seq.) Under the PRA, the names and contact information such as address, phone number and email address of providers who register to take or pass a QME examination may be disclosed to members of the public; the division does not regulate the purposes for which such information might be used. The division recommends that providers use a business address, not a home (residential) address, on any correspondence with, or on any completed form submitted to the division. In addition, the division makes the name, business address and area of specialty of approved QMEs available to the public through its online search portal available here: <https://www.dir.ca.gov/databases/dwc/qmestartnew.asp>

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# REGISTRATION FOR QME COMPETENCY EXAMINATION

April 5<sup>th</sup> through April 11<sup>th</sup>, 2025, In-Person Computer Based Testing

PLEASE COMPLETE THIS REGISTRATION FORM AND RETURN POSTMARKED NO LATER THAN **February 19th, 2025**. 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 FLOOR.

OAKLAND, CA 94612

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, CA ZIP \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

PHYSICIAN'S LICENSE NUMBER: \_\_\_\_\_

**EXAM LOCATION: Various Pearson VUE Testing Center locations**

**DO YOU HAVE ANY NEED FOR ACCOMMODATIONS DUE TO A DISABILITY OR RELIGIOUS CONFLICT?**

NO  YES (Please see the Special Administration Procedures)

### 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## 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:

- Formal documentation from your medical provider 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.**

Candidates requiring access to the following [Comfort Aids](#) (.e.g earplugs, face mask and/or gloves, wheelchairs, etc.) are not required to provide any documentation. If you have any questions regarding accommodations or any of the pre-approved comfort aids, please email [QMEexam@cpshr.us](mailto:QMEexam@cpshr.us). Arrangements that require substantial changes in testing conditions may be accommodated only at selected test sites. CPS HR Consulting will contact candidates to discuss available accommodations prior to scheduling an exam appointment.

**FEE FORM**  
**ALL PHYSICIANS REQUIRED TO PAY**  
**\$125.00 FEE**

Effective with the September 20, 2003 QME exam, all physicians are required to pay a \$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](mailto:QMETest@dir.ca.gov) for further information.

Please send this completed form with a \$125.00 check payable to **“Division of Workers’ Compensation.”**

NAME: \_\_\_\_\_ CA PHYSICIAN’S NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

## **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 through the Internet at [www.dir.ca.gov/dwc/medicalunit/toc.pdf](http://www.dir.ca.gov/dwc/medicalunit/toc.pdf). or [www.dwc.ca.gov](http://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](http://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 41st Ed.** Available from Lexis/Nexis, Matthew Bender & Co., Inc.  
(To order: 1-800-223-1940 or [www.lexisnexis.com/store](http://www.lexisnexis.com/store) , approximately \$288.00, product #80283).

**Workers' Compensation Laws of California, 2025 Ed. Matthew Bender**  
(To place an order: 1-800-223-1940 or [www.lexisnexis.com/store](http://www.lexisnexis.com/store) ; \$157.00, product #00840). Especially sections: 139.2, 139.3, 139.31, 4060, 4061, 4062, 4062.2, 4600, 4628. Information is available through the DWC's website, [www.dwc.ca.gov](http://www.dwc.ca.gov), click "Laws and Regulations".

**Thurber, P. Evaluation of Industrial Disability, 2<sup>nd</sup> 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](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, 5<sup>th</sup> Edition,**  
(To order: 1-800-621-8335 or <http://www.ama-assn.org> or [www.amazon.com](http://www.amazon.com) (especially chapters 1, 2 and 18)

## CHECKLIST FOR QME APPLICANTS

- Registration Form (QME Form 102)
- Examination Fee Form and Check
- Application Form (QME Form 100)
- A copy of your current California Professional License
- M.D.'s, D.O.'s: A copy of your board certificate(s) and certificate(s) completion of residency and fellowship training program(s) by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association. Please provide a copy for each specialty in which you are requesting appointment to perform QME Exam
- ALL OTHERS: A copy of your professional diploma.

Applicant's Signature: \_\_\_\_\_

Date: \_ / \_ / \_ \_ \_