

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 06 through April 12, 2024. The exam will be given via computer at Pearson VUE Testing Centers.

Physicians who want to take the April 2024 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 21, 2024** (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 21, 2024** 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.

To be appointed as a QME, a physician who has passed the QME evaluation and examination, must also complete a 12-hour disability evaluation report-writing course that has been approved by the DWC Administrative Director. (Lab. Code, §139.2) Following completion of that course, a physician must pay an annual fee to activate and maintain his or her status as a QME approved to provide services in California.

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.

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 06 through April 12, 2024 In-Person Computer Based Testing

PLEASE COMPLETE THIS REGISTRATION FORM AND RETURN POSTMARKED NO LATER THAN **February 21, 2024**. 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: _____

BUSINESS ADDRESS: _____

CITY: _____ CA ZIP _____

PHONE NUMBER: (_____) _____ FAX 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 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.

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@cpsr.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.

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 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

P O Box 71010

Oakland, CA 94612

Attn: Examination Coordinator

NAME: _____ CA PHYSICIAN’S NUMBER: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

12-HOUR REPORT WRITING COURSE PROVIDERS

Effective January 1, 2001, a physician seeking appointment as a Qualified Medical Evaluator on or after January 1, 2001, shall also complete prior to appointment, a course on disability evaluation report writing approved by the administrative director. (LC§139.2.)

<https://www.dir.ca.gov/dwc/MedicalUnit/RprtWritingProv.html>

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.

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

44-hour IDE provider for the QME Exam for Chiropractors.

The International Chiropractic Association of California (ICAC) is the only approved provider for the 44 Hour Industrial Disability Evaluator (IDE) course. This course must be completed prior to being appointed as a QME.

You may contact James E. Musick, DC at 916-362-8816 or icachome@msn.com to enroll.

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. 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 41st Ed. Available from Lexis/Nexis, Matthew Bender & Co., Inc.
(To order: 1-800-223-1940 or www.lexisnexis.com/store , approximately \$288.00, product #80283).

Workers' Compensation Laws of California, 2024 Ed. Matthew Bender
(To place an order: 1-800-223-1940 or 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, 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,
(To order: 1-800-621-8335 or <http://www.ama-assn.org> or www.amazon.com (especially chapters 1, 2 and 18)