

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



REGISTRATION FOR QME COMPETENCY EXAMINATION

(DATE)

PLEASE COMPLETE THIS REGISTRATION FORM AND RETURN POSTMARKED NO LATER THAN **(DATE)**. 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@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.