

**STATE OF NEVADA**  
**DIVISION OF INDUSTRIAL RELATIONS**  
**Worker's Compensation Section**

**APPLICATION TO BE DESIGNATED A RATING PHYSICIAN OR CHIROPRACTOR**

Pursuant to NRS 616C.490, the Division of Industrial Relations shall establish a list of physicians and chiropractors to determine the percentage of disability in accordance with the *AMA Guides to the Evaluation of Permanent Impairment*. Please complete and mail or fax this form to:

Division of Industrial Relations (DIR)  
Workers' Compensation Section (WCS)  
Attn: Medical Unit  
1301 N. Green Valley Parkway, Suite 200  
Henderson, NV 89074  
Phone: (702) 486-9080 Fax: (702) 990-0363

_____		_____	_____	
Name (Print)		Degree	Specialty	
_____		_____	_____	_____
Address	Street	City	State	Zip
_____		_____	_____	
Phone	Fax		E-mail	
_____	_____		_____	
		<i>TO RECEIVE NEWSLETTERS AND OTHER OFFICIAL INFORMATION, AN E-MAIL ADDRESS MUST BE GIVEN.</i>		
_____		_____		
License Number	Tax ID Number			
_____		_____		
Signature		Date		

As a member of the Panel of Rating Physicians and Chiropractors, I understand and agree that I will:

1. Accept all assignments for permanent partial disability (PPD) evaluations, unless an inappropriate assignment is made or if I am temporarily unavailable;
2. Schedule and perform PPD evaluations within 30 days after receipt of requests;
3. Serve without compensation, for a period not to exceed one year, on a review panel of rating physicians and chiropractors selected by the Administrator or person designated by him;
4. Mail each PPD evaluation report to the requestor and to the Workers' Compensation Section (WCS) within 14 days after completing the evaluation, and mail each addendum to the requestor and to the WCS within 14 days after receiving the request;
5. Immediately notify a Medical Unit staff member at 1301 N. Green Valley Parkway, Suite 200, Henderson, NV 89014, (702) 486-9080, whenever I cannot accept assignments due to being temporarily unavailable; and
6. Complete and submit to the WCS Medical Unit documentation of biennial completion of a course approved by the Administrator on rating impairments in accordance with the *AMA Guides*, fifth edition.

Applicant's Name (Print) \_\_\_\_\_

7. Abide by the Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC), Advisory Opinions and procedures regarding the rating of permanent partial disabilities.

I have received a copy of NAC 616C.006, 616C.021, 616C.023, and 616C.024 and understand that I may be removed as a member of the Panel of Rating Physicians and Chiropractors if I violate any provision of NAC 616C.006 or NAC 616C.024, or violate on more than one occasion any other provision of Chapter 616 or 617 of the NRS or NAC (**provided at statute class**).

\_\_\_\_\_   
Initials

I have a copy of the AMA *Guides*, 5<sup>th</sup> Edition

\_\_\_\_\_   
Initials

Please send to the above address:

- APPLICATION;
- A CURRENT CURRICULUM VITAE;
- CERTIFICATE OF COURSE COMPLETION; AND
- EXAMINATION RESULTS FROM THE AMERICAN BOARD OF INDEPENDENT MEDICAL EXAMINERS (ABIME)

**DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY**

Yes	No	
___	___	Curriculum vitae received?
___	___	Certificate of course completion received? (Must be course approved by WCS)
___	___	Pass examination given by American Board of Independent Medical Examiners (ABIME)?
___	___	Completed class on Nevada statutes and regulations? Given by: _____ Date: _____
___	___	Treating Panel application completed?
___	___	Licensed verified? By: _____ Date: _____
___	___	Pass Nevada Impairment Rating Skills Assessment Test (NIRSAT)?
___	___	Designation letter sent?

Other \_\_\_\_\_

\_\_\_\_\_  
Signature (Staff)

\_\_\_\_\_  
Date