Biennial Education Course Application

Per NAC 616C.021(3)(d), in order to maintain designation as a rating physician or chiropractic physician, the physician or chiropractic physician must: … After the date of designation as a rating physician or chiropractic physician, successfully complete biennially a course for continuing education that is approved by the Administrator on rating disabilities, in accordance with the Guide.

Course providers may apply to offer a biennial education course that meets this requirement. Courses must focus on Permanent Partial Disability (PPD) evaluations conducted in accordance with the AMA Guides, 5th Edition. Potential topics include, but are not limited to:

PPD Evaluations

- Performing PPD evaluations using the AMA Guides, 5th Edition
- Understanding Whole Person Impairment (WPI) and converting regional impairments to WPI
- Using tables, figures, and charts correctly
- Combining impairments using the Combined Values Chart
- Determining maximum medical improvement for rating purposes
- Apportionment principles

System-Specific PPD Evaluations

- Neurological evaluations
- Spine evaluations (DRE vs. ROM)
- Upper extremity evaluations
- Lower extremity evaluations

Specialized Topics

- Rating complex cases with multiple body systems or conditions
- Rating surgical outcomes
- Mental and behavioral health PPD evaluations
- Using testing appropriately for assessment
- Documentation standards for compliant PPD evaluations
- Addressing inconsistencies or non-physiologic findings

PPD Reports

- Common pitfalls and errors in PPD reports
- Best practices for writing clear and compliant PPD reports

Biennial Education Course Applications will be accepted on a rolling basis.

The Workers' Compensation Section (WCS) will issue a written decision for all submitted applications.

Approved course providers must submit an annual attestation on the anniversary of their course approval each year, confirming:

- Course content remains current
- Faculty remain consistent or have been appropriately updated
- No new conflicts of interest have arisen

A rereview is required if substantial course changes occur.

Please email your completed application, course presentation, and Curriculum Vitae (CV) to medpanelapps@dir.nv.gov for review. For questions or concerns, contact the Medical Unit at medpanelapps@dir.nv.gov.

PRESENTER - Complete all fields.	
Name:	
Credential:	
Phone:	
Secondary Phone:	
Email:	
Secondary Email:	
Qualifications (Submit your CV with this completed application.):	

COURSE DETAILS - Complete all fields.	
Course Title:	
Full Description (Submit your course presentation with this completed application.):	
Learning Objectives:	
Explanation of Relevance to PPD Evaluation, Medical-Legal Reporting, or Regulatory Compliance:	
Instructional Format (Live, Virtual, Self-Paced):	
Instructional Method (Lecture, Care-Based, Skills Assessment, etc.):	
Course Duration:	

COURSE ADMINISTRATION - Complete all fields.	
Assessment or Knowledge-Check Requirements:	
Certificate Issuance Process:	
Cost and Fee Structure:	
Proposed Schedule:	

ATTESTATIONS - Initial all statements.	
	I will comply with all applicable Nevada regulations.
	I will complete the required annual attestation on the anniversary of my course approval each year.

I affirm that I have reviewed this application in full and that my electronic signature below has the same legal effect as an original signature.

Presenter Signature: _____

Date: _____