Workers' Compensation Report Writing Course

The California Orthopaedic Association Is sponsoring a Course Lecture entitled:

Preparing for the QME Test/ Mandatory Report Writing Course

Friday, April 1, 2016 — 5:00 pm — 9:00 pm

Saturday, April 2, 2016 —8:00 am—5:00 pm

Pacifica Orthopedics—Conference Room—11th Floor

18800 Delaware Street, Huntington Beach, CA 92648

Course Moderator: Paul Wakim, DO

Course is accredited for 12 hours and meets the requirements of the DWC mandatory

report writing course in order to become a QME.

COA Provider #9

Qualified Medical Evaluators (QMEs) are continually faced with understanding disability issues involving apportionment, causation, and writing evaluation reports using the AMA Guides to the Evaluation of Permanent Impairment-5th Edition. This course will allow you to interact with Workers' Compensation experts and instruct you in what you need to know to pass the QME test and write a ratable Medical-Legal report.

The course will cover the following topics:

- QME Role in the Disability Evaluation Process
- Required Elements of the Medical-Legal Report—Mechanics of Report Writing
- DWC's Disability Evaluation Protocols
- The Language of the Reports—Using the Correct Legal Terminology
- Apportionment—Labor Code Section 4663/4664
- Recent Court Decisions Affecting Disability Issues
- Interactive Session—Writing and Evaluating a Medical-Legal Report
- Common Errors in Writing a Report
- The Third-Party Perspective—Reports from the Perspective of the Judges, Attorneys, Insurers, Raters, Employers, and Qualified Rehabilitation Representatives

Attendees will be required to write and submit a Medical-Legal report that will be critiqued by faculty members. This course is accredited by the California Division of Workers' Compensation for **12 hours of Qualified Medical Evaluator (QME) continuing education credits in report writing required to become a QME.**

Registration Fee :	\$255	(Dinner, Continent	al Breakfast, Lunch	, Report Critique	e, and Certificate of	f Completion.)
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To register for this cours	se, complete the f	ollowing info	rmation. (Please	print)				
Name of Attendee:	Specialty:							
Address:		E-Mail:						
City:		_ State:	Zip:	Phone:				
Method of Payment:	Payment: D Check is enclosed. Make check payable to California Orthopaedic Association.							
ĺ	Please charg	e charge \$ to my debit or credit card.						
Debit or Credit Card # _				Exp. Date	Security Code:			
Fax or email this comp 1246 P Street, Sacrame	0			01	or mail it to the COA office: 4.			