

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, October 14, 2016 —5:00 pm—9:00 pm

Saturday, October 15, 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, Continental Breakfast, Lunch, Report Critique, and Certificate of Completion.)

To register for this course, complete the following information. (Please print)

Name of Attendee: _____ Specialty: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____ Phone: _____

Method of Payment: Check is enclosed. Make check payable to California Orthopaedic Association.

Please charge \$ _____ to my debit or credit card.

Debit or Credit Card # _____ Exp. Date _____ Security Code: _____

Fax or email this completed registration form to COA at 916-454-9882/coa1@pacbell.net or mail it to the COA office: 1246 P Street, Sacramento, CA 95814. If you need further information, call 916-454-9884.