



LEVEL II PHYSICIAN ACCREDITATION REGISTRATION FORM

Level II Physician Accreditation, offered through the Division of Workers' Compensation provides physicians with an understanding of the administrative, legal and medical aspects of workers' compensation, in addition to educating physicians in performing impairment ratings using the **American Medical Association Guides to the Evaluation of Permanent Impairment, 3rd Edition Revised**. In order to become accredited you must complete and pass the Level II Accreditation examination and sign a Physician's Compliance Agreement. You will be required to re-accredit every three years in order to retain your accreditation status. Accreditation can be limited (ability to perform impairment ratings for specific areas of the body) or full (ability to perform all impairment ratings). The Division will keep you informed of any new laws, regulations or rules that affect your participation in workers' compensation.

Upon completion of this course, medical practitioners should be able to:

1. Assess when it is clinically appropriate to place a patient at "maximum medical improvement" (MMI) and identify the party responsible for determining MMI.
2. Render an impairment rating, using the AMA Guides 3rd Ed. revised, on patients with deficits in the following areas (depending on the physician's specialty): nervous system, spine, extremities, and/or mental/behavioral.
3. Properly complete various medical reporting forms required by the AMA Guides and the Colorado Division of Workers' Compensation.
4. In a clinical case, combine the impairment ratings for range of motion of multiple joints or multiple parts of the body, as well as other deficits, to determine the extremity and/or and whole body (whole person) impairment rating.
5. Understand the complexity of assessment of impairment due to pain perception, and how this is accounted for under Colorado statute.
6. Understand and demonstrate how to perform range of motion measurements of the spine, upper and lower extremities, and to appropriately convert those measurements into an impairment rating.
7. With regard to reviewing, generating or releasing medical records, explain how the waiver of the doctor/patient privilege in a workers' comp case is applied.

Registration

The Registration fee is \$400 to become accredited (MDs and DOs only) and \$150 to audit (all other providers). Registration includes a copy of the AMA Guides to the Evaluation of Permanent Impairment, 3rd Edition, Revised and your Level II Accreditation materials. You may become accredited via a home-study course **or** by attending a two-day seminar which typically occurs in April. If you choose home study, you must arrange to take the Level II examination by contacting the Physicians' Accreditation department at 303-318-8763.

Lecturer/Workshop Leaders

Qualified Level II Accredited physicians and other specialists teach the course under the direction of Kathryn Mueller, M.D., Medical Director for the Division of Workers' Compensation and a Professor in the Department of Preventive Medicine and Surgery at the University Of Colorado School Of Medicine.

Continuing Education

Seminar participants may earn Continuing Medical Education units through the Division of Workers' Compensation/University of Colorado School of Medicine. **The University of Colorado Denver School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The University Of Colorado Denver School Of Medicine designates this educational activity for a maximum of 13.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.**



Level II Accreditation Registration Form

Name: _____ Phone Number: _____

☐ Business Name: _____

Business Address: _____

City, State, Zip Code: _____

☐ Home Address: _____

City, State, Zip Code: _____

**Please indicate which address is preferred for receiving correspondence from the Division.*

Email: _____

**We do not share your information unless given permission.*

Credentials _____ Specialty _____

Board Eligible: _____ Board Certified: _____

Professional License Number: _____ Expiration Date: _____

Please indicate if you will attend the seminar or complete the course via home study:

_____ Seminar Date of Seminar: _____

☐ Accreditation* Full Accreditation: _____ or Limited Accreditation: _____

☐ Audit (*Applies to those that cannot become or do not wish to become accredited*)

_____ Home study (*For MDs and DOs only*)

☐ Accreditation* Full Accreditation: _____ or Limited Accreditation: _____

**Per Statute accreditation may be obtained by MDs and DOs only at this time.*

The fee for this seminar is \$400 to become accredited or \$150 to audit. Amount Paid: \$ _____

**Up to 50% of your registration fee may be refunded if you are unable to attend the course. This does require you to return unmarked study materials AND the copy of the AMA Guides, 3rd Edition, revised to the Division.*

In order to complete your registration, please fill out the above form and send payment via check or credit card.

Mail registration form and check to:

Division of Workers' Compensation
Physicians' Accreditation
Post Office Box 628
Denver, CO 80201-0628
Make checks payable to:
Division of Workers' Compensation

Fax registration form to 303-318-8653

Or email to physaccred@state.co.us

Then pay online @
<https://www.colorado.gov/payment/2a>

(Additional fees may apply)

If you have any questions please contact Kay Bothwell @ 303-318-8763.

Reasonable accommodations will be provided upon request for persons with disabilities.
If you require special accommodations to participate in the class,
Please check here: _____. We will contact you.