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## ***Workers Compensation and Injury Management Act 2023***

### **APPROVED FORM [s. 496]**

#### **Approved Permanent Impairment Assessor – Non Specialist Application**

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for an application for approval as an approved permanent impairment assessor by a medical practitioner who is not a specialist under section 193 of the *Workers Compensation and Injury Management Act 2023* is **Approved Permanent Impairment Assessor – Non Specialist Application** in Appendix 1.

The **Approved Permanent Impairment Assessor – Non Specialist Application** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form LA2 – v1 [D2024/171302].

CHRIS WHITE  
CHIEF EXECUTIVE OFFICER

25 June 2024



2 Bedbrook Place  
Shenton Park WA 6008  
1300 794 744  
workcover.wa.gov.au

**APPROVED PERMANENT IMPAIRMENT ASSESSOR  
NON SPECIALIST APPLICATION**

**Section 1 – Personal details**

**Please note: This information must be included and is your preferred contact details for WorkCover WA to use only (not to be displayed on the public register)**

Title

First Name(s)

Surname

Date of Birth

Postal Address

Unit No.

No.

Street Name

Suburb

State

Postcode

Email address for WorkCover WA contact only

Phone No.

**Section 2 – Practice details**

**Please note: If your application is successful, the information provided in this section will be displayed on WorkCover WA's online register for public use.**

Practice / Business name

Unit No.

No.

Street Name

Suburb

State

Postcode

Phone No.\*

\*Phone number can be a mobile number, however, please note this number will be published on WorkCover WA's online register for public use.

**Section 3 – Australian Health Practitioner Regulation Agency (AHPRA) registration details**

Registration No.

Registration type

Do you have any notations or restrictions on your registration? If so, please provide details below

**Section 4 – Non-specialists qualifications and demonstration of competency**

Please provide two de-identified permanent impairment assessment reports:  Attached

Significant work in a medical practice with consistent management and assessment of injured workers:

Experience in undertaking medical assessment of injured workers:

Relevant qualifications, for example ABIME exam certification or other similar qualifications related to medico- legal assessments or disability assessments:

List and attach any other supporting documentation you would like considered as part of your application:

## Section 5 – Training details

WorkCover WA Education Module (WorkCover WA Guidelines Training) - Date Attended:

- Attach evidence of Certified Independent Medical Examiner (CIME) with the American Board of Independent Medical Examiners (ABIME) training **OR**
- Attach evidence of American Medical Association Guides 5<sup>th</sup> Edition (AMA5) training.

Please specify the body system(s) you completed in your AMA5 training:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cardiovascular System | <input type="checkbox"/> Digestive System               | <input type="checkbox"/> Ear, Nose, Throat and Related Structures |
| <input type="checkbox"/> Endocrine System      | <input type="checkbox"/> Hearing                        | <input type="checkbox"/> Hematopoietic System                     |
| <input type="checkbox"/> Lower Extremities     | <input type="checkbox"/> Nervous System                 | <input type="checkbox"/> Psychiatric and Psychological Disorders  |
| <input type="checkbox"/> Respiratory System    | <input type="checkbox"/> Skin                           | <input type="checkbox"/> Spine                                    |
| <input type="checkbox"/> Upper Extremities     | <input type="checkbox"/> Urinary & Reproductive Systems | <input type="checkbox"/> Visual System                            |

Other

Copy of Resume / CV attached

## Section 6 – Declaration

Please note WorkCover WA may request further information when considering your application.

I wish to apply for approval as an Approved Permanent Impairment Assessor in accordance with section 193 of the *Workers Compensation and Injury Management Act 2023*

Signed

Date

Please ensure your application is complete and all information provided is accurate.

Please submit the completed application and any supporting information:

Via email: [regulation@workcover.wa.gov.au](mailto:regulation@workcover.wa.gov.au)

Via mail: Regulatory Services Division

WorkCover WA

2 Bedbrook Place

SHENTON PARK WA 6008

For further information, please contact the Advice and Assistance Service on 1300 794 744 or by accessing [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au)