**APPROVED PERMANENT IMPAIRMENT ASSESSOR**

**NON SPECIALIST APPLICATION**

2 Bedbrook Place

Shenton Park WA 6008

**1300 794 744**

workcover.wa.gov.au

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| **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

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Date of Birth

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Postal Address

Unit No. No. Street Name

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Suburb State Postcode

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Email address for WorkCover WA contact only Phone No.

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| **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

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Unit No. No. Street Name

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Suburb State Postcode

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Phone No.\*

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

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

Registration No. Registration type

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

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| **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:

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Experience in undertaking medical assessment of injured workers:

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

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

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| **Section 5 – Training details** |

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

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[ ]  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 5th Edition (AMA5) training.

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

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| --- | --- | --- |
|[ ]  Cardiovascular System |[ ]  Digestive System |[ ]  Ear, Nose, Throat and Related Structures |
|[ ]  Endocrine System |[ ]  Hearing |[ ]  Hematopoietic System |
|[ ]  Lower Extremities |[ ]  Nervous System |[ ]  Psychiatric and Psychological Disorders |
|[ ]  Respiratory System |[ ]  Skin |[ ]  Spine |
|[ ]  Upper Extremities |[ ]  Urinary & Reproductive Systems |[ ]  Visual System |

[ ]  Other

[ ]  Copy of Resume / CV attached

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| **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

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

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| Please submit the completed application and any supporting information:Via email: regulation@workcover.wa.gov.auVia mail: Regulatory Services Division WorkCover WA2 Bedbrook PlaceSHENTON PARK WA 6008For further information, please contact the Advice and Assistance Service on 1300 794 744 or by accessing www.workcover.wa.gov.au  |