# Application for Approval as an Approved Permanent Impairment Assessor

**APPROVED PERMANENT IMPAIRMENT ASSESSOR**

**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 / Specialty

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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 – Specialists** |

Please provide details of your qualifications or demonstrate competency levels acceptable to WorkCover WA:

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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.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 |