

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
MANAGED CARE & REHABILITATION DIVISION
CATASTROPHIC REGISTRATION COMMITTEE
270 PEACHTREE STREE, NW
ATLANTA, GA 30303-1299**

NOTIFICATION OF INTENT TO APPLY FOR CATASTROPHIC DESIGNATION REGISTRATION

Name: _____

Business Address: _____

Telephone: _____ **Fax:** _____

Email Address: _____

Home Address: _____

Georgia Rehabilitation Supplier Registration Number: _____

1. Are you currently and have you been a registered rehabilitation supplier with the GA State Board of Workers' Compensation consecutively for the last 24 months? _____

2. If no, do you meet any of the following criteria:
CLCP, NCLCP Registration #: _____
CRRN Registration #: _____

3. Have you been employed at a Center of Excellence for a minimum of one (1) year with a year as a registered Georgia Rehabilitation Supplier? _____ Include CV with this form.

4. Are you a registered rehabilitation supplier with two(2) years of workers' compensation experience in another state? _____ Include CV with this form.

5. In the last five (5) years, were you registered as a Catastrophic Rehabilitation Supplier in Georgia and possess a current Georgia Rehabilitation Supplier registration number? Please provide date when your Catastrophic Rehabilitation Supplier number expired and work history since that date.

Mentor

The applicant must select a mentor to oversee the catastrophic application process and submission process. A mentor must be a current registered Catastrophic Supplier with the Georgia State Board of Workers' Compensation. If the applicant is unable to identify a mentor, the Catastrophic Supplier Application Review Committee can assist with recommending a mentor. The mentor will be responsible for overseeing the applicant through the approval process, and for the one-year probationary status period as outlined in the Catastrophic Registration process.

Mentor Name: _____ Supplier Number: _____

Address: _____

Office Telephone: _____ Mobile: _____

Email: _____

By signing this application, I am verifying that I have read and will abide by the Standards of Practice/Code of Ethics of my specific certifications. I understand that it is my responsibility to meet requirements as outlined in the current O.C.G.A. 34-9-200.1, Rule 200.1 and the MCR Procedure Manual. In addition, I recognize that the statute, rule, and MCR Procedure Manual are subject to annual reviews and possible revisions and that it is my responsibility to be aware of these changes.

****Please note that the entire submission packet and education CEUs should be submitted at the same time to the Board. Incomplete applicant packets will be returned to the applicant until all submission and CEU requirements are complete.**

Signature of Applicant

Date

Signature of Mentor

Date

Mentor Guidelines

1. Mentor must have been practicing in the state of Georgia as a catastrophic rehabilitation supplier for the last three years.
2. Review the catastrophic case process, as outlined by Board Rule 200.1 and Procedure Manual, with the applicant.
3. Review and explain each Board Form required for submission by the Catastrophic Rehabilitation Supplier. Mentor will provide assistance in completing Board Forms as needed for the mandatory one-year probationary period.
4. Review the WC-R5, Request for Rehabilitation Conference, process and outline the supplier's responsibilities during conference.
5. Review the Housing, Transportation, and Mobility Papers published on the Board's website with the applicant.
6. Be proficient in and review the online ICMS filing system for requisite rehabilitation forms and correspondence.
7. Review the communication requirement(s) in Board Rule 200.1 and the responsibilities of the rehabilitation supplier.
8. Staff the Catastrophic Application Process with the applicant ongoing throughout the course work and document submission process.
9. Review each WC-R2a, Rehabilitation Plan and report prior to submission to the Catastrophic Review committee. Provide constructive, professional feedback for needed improvements, additional areas of consideration, or regarding missing vital information.