

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION  
MANAGED CARE & REHABILITATION DIVISION  
CATASTROPHIC CERTIFICATION COMMITTEE  
270 PEACHTREE STREET, NW  
ATLANTA, GA 30303-1299  
(404) 656-0849**

**NOTICE OF INTENT TO BECOME CAT REHAB PROVIDER**

**Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Georgia Rehabilitation Supplier Registration Number:** \_\_\_\_\_

**Are you currently and have you been a registered rehabilitation supplier with the Georgia State Board of Workers' Compensation consecutively for the last twenty-four months?** \_\_\_\_\_

**List all certifications you hold, including expiration dates:**

**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 Chapter 7 of the Procedure Manual, which I have read as part of this application. In addition, I realize that changes occur in the rules and the procedures each year and that it is my responsibility to be aware of these changes.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**