



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Rhode Island Department of Labor and Training

Temporary Disability Insurance Division

P.O. Box 20100, Cranston, RI 02920-0941

Telephone: (401) 462-8372 | Hearing-Impaired: (401) 462-8006

Donald L. Carcieri, Governor

Adelita S. Orefice, Director

**TEMPORARY DISABILITY INSURANCE DIVISION
APPLICATION FOR IMPARTIAL MEDICAL EXAMINER**

Please complete, sign, date and return this application by **October 24, 2007** to:
Temporary Disability Insurance, P.O. Box 20100, Cranston, Rhode Island 02920-0941

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

EDUCATION

Degree: _____

Primary Specialty: _____

PROFESSIONAL LICENSURE

License Number: _____

Expiration Date: _____

Type of License: _____

Signature: _____ Date: _____

For information please contact Temporary Disability Insurance at:

Telephone: (401) 462-8372, E-mail: tdi@dlt.ri.gov

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