



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) 462-8420 TTY Via RI Relay 711

APPLICATION FOR IMPARTIAL MEDICAL EXAMINER or OCCUPATIONAL HEALTHCARE FACILITY EVALUATIONS

Current Impartial Medical Examiners must re-apply.

Please complete, sign, date and return this application by: Nov. 16, 2013 together with the MOU and W-9 form, which may all be downloaded from the TDI website at www.dlt.ri.gov/tdi. Please mail all forms to: Temporary Disability Insurance, P.O. Box 20100, Cranston, Rhode Island 02920-0941

PERSONAL INFORMATION

First Name: \_\_\_\_\_
Last Name: \_\_\_\_\_
Facility Name: \_\_\_\_\_
Office Address: \_\_\_\_\_
City: \_\_\_\_\_
State: \_\_\_\_\_
Zip Code: \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

EDUCATION

Degree: \_\_\_\_\_
Specialty: \_\_\_\_\_

PROFESSIONAL LICENSURE

License Number: \_\_\_\_\_
Expiration Date: \_\_\_\_\_
Type of License: \_\_\_\_\_

Signature

Date

For questions or information regarding to this initiative, please view the TDI website at www.dlt.ri.gov/tdi or email us at tdi@dlt.ri.gov.

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An Equal Opportunity Employer/Program; Auxiliary aids and services are available upon request for individuals with disabilities.