



Tennessee Bureau of Workers' Compensation
 220 French Landing Drive, I-B
 Nashville, TN 37243-1002
 800-332-2667

**PHYSICIAN APPLICATION FOR APPOINTMENT TO THE
 MEDICAL IMPAIRMENT RATING (MIR) REGISTRY**

Name _____ MD _____ DO _____
Check one

License # _____ Group/Practice d/b/a _____

Mailing Address _____ Phone # _____ ext _____
Please provide actual office street address(es) on a separate sheet

City _____ State _____ Zip _____

Have you had charges/actions on your license to practice in any state or country? _____ NO _____ YES **Please attach a copy of charges or actions.**

Have you been charged with a felony or other criminal activity or gross misdemeanor? _____ NO _____ YES **Please give details on a separate sheet.**

Do you have hospital privileges? _____ NO _____ YES Please name all hospital(s) and city(ies). _____

Have your hospital privileges in any state or country ever been modified or withdrawn? _____ NO _____ YES **If yes, please give details on separate sheet.**

List your specialty areas: _____

List all chapters of the **AMA Guides** that you are competent to use: _____

Please provide the office address(es) for each location that you will use to perform evaluations. Use additional sheets if necessary.

Group/Practice d/b/a _____

Office Street Address 1 _____

City _____ State _____ Zip _____

Office Contact _____ E-Mail _____ Fax # _____

Group/Practice d/b/a _____

Office Street Address 1 _____

City _____ State _____ Zip _____

Office Contact _____ E-Mail _____ Fax # _____

Are you certified by any medical society or organization in disability and/or impairment evaluation and ratings?

_____ NO _____ YES, _____
If yes, name(s) of society(ies) or organization(s) and date certified. Please submit proof with application.

Approximate number of impairment ratings you have performed in the last 24 months. _____

I request appointment to the Medical Impairment Rating (MIR) Registry. **I will provide independent, objective, and timely impairment ratings in all cases that come before me.** I understand that it is the expectation of the Tennessee Bureau of Workers' Compensation that all workers will be treated with dignity and respect.

I understand my performance will be measured by the quality and timeliness of my evaluations and reports and not by whether my recommendations are perceived as favorable or unfavorable to the parties involved. I also understand that I am not guaranteed referrals.

I understand that only fully qualified physicians, as determined solely by the Administrator of the Bureau or his/her designee, will be approved. I certify that I have sufficient knowledge of the applicable edition of the *AMA Guides to the Evaluation of Permanent Impairment* to adequately conduct impairment evaluations and to assign appropriate impairment ratings.

I will not base my findings on the absence or presence of an attorney in the case or on the potential size of an award. If I am offered financial awards to influence my decision, I will immediately report the situation to the Administrator's office of the Bureau. I realize that evaluations performed for the Bureau are paid according to a published fee schedule.

I have provided complete and accurate information on this application. I will immediately notify the MIR Program and provide a copy of the charges or final order should any of the following situations occur:

1. Any temporary or permanent probation, suspension, revocation, or limitation is placed on my license to practice by any court, board, or administrative agency;
2. I am charged with any crime, gross misdemeanor, felony, or violation of statutes or rules by any administrative agency, court, or board;
3. I am convicted of any crime, gross misdemeanor, felony or violation of statutes or rules by any administrative agency, court, or board.
4. Any event reportable to the National Practitioner Database.

I understand that:

- **It is my responsibility to inform the MIR Program in writing if there is any change in the status of my practice or license and of any current or completed action of any nature.**
- **The privilege of continuing as an MIR physician is not guaranteed.**
- **If approved, I may be removed from the Registry at any time on the basis of factors including, but not limited to:**
 - **A misrepresentation on the "Application for Appointment to the Medical Impairment Rating (MIR) Registry";**
 - **Failure to report prior involvement or conflict of interest in a case assignment;**
 - **Refusal and/or substantial failure to comply with the provisions of the Rules of procedure including repeated failure to determine impairment ratings correctly using the *AMA Guides*, as determined by the Medical Director;**
 - **Inability to maintain the requirements of the Rules as determined by the Program Coordinator; or**

I have included a copy of my curriculum vitae, medical license, proof of malpractice insurance, medical board certification and proof of attendance at an approved medical impairment rating course.

Signature

Date