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Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Approved Permanent Impairment Assessor - Specialist Application

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for an application for approval as an approved permanent impairment assessor by a medical specialist under section 193 of the *Workers Compensation and Injury Management Act 2023* is **Approved Permanent Impairment Assessor – Specialist Application** in Appendix 1.

The **Approved Permanent Impairment Assessor – Specialist Application** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form LA1 – v1 [D2024/171301].

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

25 June 2024



Section 1 – Personal details

Please note: This information must be included and is your preferred contact details for WorkCover WA to use only (not to be displayed on the public register)

Title

First Name(s)

Surname

Date of Birth

Postal Address

Unit No.

No.

Street Name

Suburb

State

Postcode

Email address for WorkCover WA contact only

Phone No.

Section 2 – Practice details

Please note: If your application is successful, the information provided in this section will be displayed on WorkCover WA's online register for public use.

Practice / Business name

Unit No.

No.

Street Name

Suburb

State

Postcode

Phone No.*

*Phone number can be a mobile number, however please note this number will be published on WorkCover WA's online register for public use.

Section 3 – Australian Health Practitioner Regulation Agency (AHPRA) registration details

Registration No.

Registration type / Specialty

Do you have any notations or restrictions on your registration? If so, please provide details below

Section 4 – Specialists

Please provide details of your qualifications or demonstrate competency levels acceptable to WorkCover WA:

List and attach any other supporting documentation you would like considered as part of your application:

Section 5 – Training details

WorkCover WA Education Module (WorkCover WA Guidelines Training) - Date Attended:

- Attach evidence of Certified Independent Medical Examiner (CIME) with the American Board of Independent Medical Examiners (ABIME) training **OR**
- Attach evidence of American Medical Association Guides 5th Edition (AMA5) training.

Please specify the body system(s) you completed in your AMA5 training:

- | | | |
|--|---|---|
| <input type="checkbox"/> Cardiovascular System | <input type="checkbox"/> Digestive System | <input type="checkbox"/> Ear, Nose, Throat and Related Structures |
| <input type="checkbox"/> Endocrine System | <input type="checkbox"/> Hearing | <input type="checkbox"/> Hematopoietic System |
| <input type="checkbox"/> Lower Extremities | <input type="checkbox"/> Nervous System | <input type="checkbox"/> Psychiatric and Psychological Disorders |
| <input type="checkbox"/> Respiratory System | <input type="checkbox"/> Skin | <input type="checkbox"/> Spine |
| <input type="checkbox"/> Upper Extremities | <input type="checkbox"/> Urinary & Reproductive Systems | <input type="checkbox"/> Visual System |

- Other
- Copy of Resume / CV attached

Section 6 – Declaration

Please note WorkCover WA may request further information when considering your application.

I wish to apply for approval as an Approved Permanent Impairment Assessor in accordance with section 193 of the *Workers Compensation and Injury Management Act 2023*

Signed

Date

Please ensure your application is complete and all information provided is accurate.

Please submit the completed application and any supporting information:

Via email: regulation@workcover.wa.gov.au

Via mail: Regulatory Services Division

WorkCover WA

2 Bedbrook Place

SHENTON PARK WA 6008

For further information, please contact the Advice and Assistance Service on 1300 794 744 or by accessing www.workcover.wa.gov.au