



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

Please complete, sign, date and return this application 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 dlt.tdi@dlt.ri.gov.

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