

The California Orthopaedic Association  
a Course Lecture entitled:

**Preparing for the QME Test/  
Mandatory Report Writing Course**

Friday, March 26, 2010—5:00 pm—9:30 pm

Saturday, March 27, 2010—8:30 am—5:00 pm

Pacifica Orthopedics—Conference Room—11th Floor

18800 Delaware Street, Huntington Beach, CA 92648

**Course Moderator:** Paul Wakim, DO

Course is accredited for 12 hours and meets the requirements of the DWC mandatory report writing course in order to become a QME.

COA Provider #100

Qualified Medical Evaluators (QMEs) are continually faced with understanding disability issues involving apportionment, causation, and writing evaluation reports using the AMA Guides to the Evaluation of Permanent Impairment-5th Edition.

**This course will allow you to interaction with Workers' Compensation experts and instruct you in what you need to know to pass the QME test and write a ratable Medical-Legal report.**

The course will cover the following topics:

- ◆ QME Role in the Disability Evaluation Process
- ◆ Required Elements of the Medical-Legal Report—Mechanics of Report Writing
- ◆ DWC's Disability Evaluation Protocols
- ◆ The Language of the Reports—Using the Correct Legal Terminology
- ◆ Apportionment—Labor Code Section 4663/4664
- ◆ Recent Court Decisions Affecting Disability Issues
- ◆ Interactive Session—Writing and Evaluating a Medical-Legal Report
- ◆ Common Errors in Writing a Report
- ◆ The Third-Party Perspective—Reports from the Perspective of the Judges, Attorneys, Insurers, Raters, Employers, and Qualified Rehabilitation Representatives

Attendees will be required to write and submit a Medical-Legal report that will be critiqued by faculty members.

This course is accredited by the California Division of Workers' Compensation for **12 hours of Qualified Medical Evaluator (QME) continuing education credits in report writing required to become a QME.**

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**Registration Fee:** \$255 (Dinner, Continental Breakfast, Lunch, Report Critique, and Certificate of Completion.)

To register for this course, complete the following information. (Please print)

Name of Attendee: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Method of Payment:  Check is enclosed. Make check payable to California Orthopaedic Association.

Please charge \$ \_\_\_\_\_ to my VISA or Mastercard credit card.

VISA/Mastercard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Fax this completed registration form to COA at 916-454-9882 or mail it to the COA office:  
5380 Elvas Avenue, #221, Sacramento, CA 95819. If you need further information, call 916-454-9884.**