



## Application for Impartial Medical Examiner or Occupational Healthcare Facility Evaluations

Complete, sign, date, and return this application along with the IE Agreement and W-9 form, which can all be downloaded from the TDI website at [www.dlt.ri.gov/tdi](http://www.dlt.ri.gov/tdi).

All forms can be mailed 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 #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Type of License: \_\_\_\_\_

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

For questions or information regarding this initiative, please view the TDI website at [www.dlt.ri.gov/tdi](http://www.dlt.ri.gov/tdi) or email us at [dlt.tdi@dlt.ri.gov](mailto:dlt.tdi@dlt.ri.gov).

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