

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

REHABILITATION REGISTRATION RENEWAL
RETURN RENEWAL APPLICATION WITH CHECK OR MONEY ORDER FOR \$50.00 TO:

**STATE BOARD OF WORKERS' COMPENSATION
ATTN: YVONNE R. WATKINS
MANAGED CARE AND REHABILITATION DIVISION
270 PEACHTREE STREET NW
ATLANTA, GA 30303-1299
404-656-0849**

Rehabilitation Renewals available online at <http://www.sbcw.georgia.gov> from October of each year thru November of each year

ALL APPLICATIONS FOR RENEWAL MUST BE RECEIVED BY NOVEMBER OF EACH YEAR.

ANY LATE APPLICATION WILL BE SUBJECT TO A LATE FEE AND/OR PENALTIES. REHABILITATION SUPPLIERS ARE RESPONSIBLE FOR COMPLIANCE WITH ALL RULE CHANGES AND ARE RESPONSIBLE FOR OBTAINING THE RENEWAL APPLICATION.

Any person who fails to renew on or before November 30th, shall be penalized an additional \$25.00. Any person who is delinquent on or after January 1 of each year shall be penalized an additional amount of \$100.00. Any supplier who has not renewed his/her registration by November 30th of the year following their supplier registration expiration date, shall not be eligible for renewal, and will be required to submit a new application to become a rehabilitation supplier in accordance with Section 200.1

COPIES OF GEORGIA WORKERS' COMPENSATION LAW, RULES AND REGULATIONS ANNOTATED,
WHICH GOVERN REHABILITATION ACTIVITIES, MAY BE OBTAINED FROM:

LEXIS LAW PUBLISHING
POST OFFICE BOX 7587
CHARLOTTESVILLE, VA 22906-7587
1-800-562-1197

THE PROCEDURE MANUAL CONTAINS A CHAPTER (7) PERTAINING TO REHABILITATION. THE PROCEDURE MANUAL CAN BE ACCESSED ON OUR WEBSITE, AND CAN BE PRINTED AT NO COST.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>
WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

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REHABILITATION REGISTRATION RENEWAL

PERSONAL DATA				
Employee Last Name		Employee First Name		M.I. GA rehabilitation supplier number
Address			Phone	Fax
City	State	Zip Code	E-mail	
ADDRESS/PHONE /EMAIL TO BE USED FOR BOARD CORRESPONDENCE				
Telephone No.	Cell Phone No.		Mailing Address	
E-mail Address			City	State Zip Code
<p>ANY CHANGE IN ADDRESS, PHONE NUMBER OR E-MAIL ADDRESS MUST BE REPORTED TO YVONNE R. WATKINS, IN THE MANAGED CARE AND REHABILITATION DIVISION OF THE STATE BOARD OF WORKERS' COMPENSATION. CHANGES SENT TO OTHER DIVISIONS WILL NOT BE PROCESSED</p> <p>NOTICE: CERTIFIED REHABILITATION SUPPLIER</p> <p>COPIES OF ALL CERTIFICATIONS MUST ACCOMPANY RENEWAL APPLICATION ON YEAR OF RENEWAL WITH THE CERTIFYING BOARD.</p> <p>NOTICE: UNCERTIFIED REHABILITATION SUPPLIER (REGISTERED PRIOR TO 1985)</p> <p>ATTACH EVIDENCE OF 30 CONTACT HOURS OF CONTINUING EDUCATION UNITS THAT HAVE BEEN APPROVED BY ONE OF THE CERTIFYING BOARDS. REFER TO RULE 200.1(f) (1)(l)</p>				

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GENERAL DATA	
DO YOU SPEAK OR WRITE IN A FOREIGN LANGUAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, STATE LANGUAGE AND NUMBER OF YEARS	
ARE YOU ABLE TO COMMUNICATE WITH THE DEAF IN SIGN LANGUAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER HAD ANY BUSINESS OR PROFESSIONAL LICENSE REVOKED, SUSPENDED OR ANNULLED OR HAD ANY OTHER DISCIPLINARY ACTION TAKEN AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN	
HAVE YOU EVER BEEN REGISTERED UNDER ANY OTHER NAME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, STATE THE NAME(S)	
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR PLED NOLO CONTENDRE IN A CRIMINAL PROCEEDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN	

I HAVE READ, AND AM AWARE OF, O.C.G.A. 34-9-200.1 AND RULE 200.1. ALL OF THE INFORMATION ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE STATE BOARD OF WORKERS' COMPENSATION TO MAKE ANY INVESTIGATION OF THE FOREGOING INFORMATION. I UNDERSTAND THAT ANY OMISSION OR MISREPRESENTATION MAY RESULT IN REJECTION OR REVOCATION OF REGISTRATION.

SIGNATURE

DATE

NOTARY

EXPIRATION DATE

I will volunteer to serve as a Catastrophic Rehabilitation Mentor. Please check one: YES NO

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