

## **Orthopedic & Neurological Surgeon Quality Pilot** Continuing Education – Provider Verification Form

Providers choosing to attend occupational health continuing education presented by a group external to L&I must submit this form to verify attendance.

Provider Name: \_\_\_\_\_ L&I Account number: \_\_\_\_\_

Attach the following supporting documentation:

- Certificate of attendance or verification you conducted training (include number of hours)
- Course objectives and agenda

I participated in the training described above. The training included topics in occupational health that will enhance my ability to provide services to workers' compensation patients.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit forms promptly on completion of education to:

Department of Labor and Industries  
Healthcare Policy and Payment Methods  
Ortho/Neuro Pilot – Provider Verification  
PO Box 44322  
Olympia, WA 98504-4322

Fax: (360) 902-4249