



**STATE OF MAINE  
WORKERS' COMPENSATION BOARD  
OFFICE OF MEDICAL/REHABILITATION SERVICES  
27 STATE HOUSE STATION  
AUGUSTA, ME 04333-0027**

JANET T. MILLS  
GOVERNOR

JOHN C. ROHDE  
EXECUTIVE DIRECTOR/CHAIR

**Application for Section 312 Independent Medical Examiner Program**

Name:		License Number:	
Address:		City or Town:	
State:	Zip:	Business Phone:	Business Email:
Specialty:		Subspecialty:	

1. Education, Training and Work History: ATTACH UPDATED CURRICULUM VITAE

2. Are you Board certified? Yes      No

If yes, please list board certifications: \_\_\_\_\_

3. Do you currently have an active, treating practice? Yes      No  
Per Board rules, "active, treating practice means the provider has direct involvement in evaluation, diagnosis and treatment of patients on a frequent and regular basis in their specific field of expertise".

If yes, what percentage of professional time and hours per average week is in the treatment of work-related injuries/illnesses? \_\_\_\_\_%

If no, did you have an active, treating practice within the last 24 months? Yes      No

If your answer to the above is yes, what is the last date you had direct involvement in evaluation, diagnosis, and treatment of patients on a frequent and regular basis?  
\_\_\_\_\_

4. Did you perform medical evaluations under the Maine Workers' Compensation Act §207 in the last calendar year?  
Yes      Number of §207 exams performed in the last calendar year? \_\_\_\_\_  
No

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5. Do you have any potential conflicts of interest? Yes      No  
Conflicts of interest for §312 Examiners may result from relationships with industry, insurance companies, and labor groups. For example, a potential conflict of interest exists when you or someone in your immediate family receives something of value from one of these groups in the form of an equity position, royalties, consultantship, funding by a research grant, or payment for some other service. If a §312 doctor performs examinations of employees at the request of an organization or a law firm that has contacts with the business community, the insurance industry or labor groups, then a conflict may also exist.

If your answer to the above is yes, please describe in detail (use additional sheets if necessary):

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6. Where will you perform § 312 examinations? In your answer, please include street address.

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7. Have you been subject to any final disciplinary action(s) in the last 3 years by a professional board of medicine or other entity by whom you are certified or licensed? Yes      No

If your answer to the above is “Yes,” please describe in detail (use additional sheets if necessary).

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I hereby attest that the information contained in this application is correct to the best of my knowledge and belief and understand that any false, misleading or incomplete information may result in the rejection of my application or result in my dismissal from service if I am selected.

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Signature

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Date

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Print Name