

“12-hr. Disability/Impairment Evaluation Report Writing Seminar”

presented by

Livingstone-Lopez Consulting (DWC Education Provider #2)

**This is the required class for Pre-QME Qualification,
and also can be used for continuing education for current QME’s.**

Date: **Saturday, October 2nd, 2010**
9:00 a.m. – 5:00 p.m. (with 4 hours of home study)

Location: **Quality Suites (Terrace Room)**
2701 Hotel Terrace Dr. , Santa Ana, CA,
Phone for directions/room reservations: (714) 957-9200

Topics Include:

The QME process, Disability Evaluation/Impairment Evaluations; Labor Code and Regulatory Requirements; The Language of Reports: A step-by-step analysis of the Medical-Legal Reporting (pre- and post-SB899), intro to AMA impairment rating, including spine and upper extremity, apportionment under SB899, and more!

Featured Speakers:

David Kizer, Esq.	SCIF Attorney; Former Counsel, CA DWC- Industrial Medical Council
Dana Livingstone-Lopez	California Workers’ Compensation & Report Writing Consultant; DWC Certified Education Provider # 2 & # 470
Sherry German	AMA Guides, Certified Impairment Rating Specialist; Principle-CMRS

Registration:

- Received by 9/10/10.....\$ 219.00
- Received after 9/10/10.....\$ 249.00

FEES:

- *Cancellation Fees: 25% if cancelled by 9/13/10; 50% by 9/17/10; no refund after 9/24/10 or for “no shows”*
- **Fee includes lunch; a workbook with report writing templates; and, QME exam study materials**
- **This is a one-day, 8-hour classroom seminar, with 4 hours of home study**

To register for this 12-hr. Disability/Impairment Evaluation Report Writing Seminar on 10/2/10:

1. **Make a reservation first by *phone/voice mail*: (760) 944-6769**
2. **Credit card registration can be done via phone: (760) 944-6769; or fax (760) 931-5976**

----OR----

3. **You may mail a completed copy of this registration form with check payable to:**

Please bring the *AMA Guides to the Evaluation of Permanent Impairment, 5th Edition*

This book can be purchased on the “resources” page at www.teachqme.com

Dana Livingstone-Lopez: 270-F North El Camino Real # 265; Encinitas, CA 92024

Physician Name: _____ **Specialty:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone # _____ **FAX #** _____ **email:** _____

Credit Card: AMEX Master Card VISA _____ **exp.** _____

**For questions regarding class content and CEU’s, please contact:
Livingstone-Lopez Consulting, (760) 944-6769 or dana@teachqme.com**