

# Registration, renewal and internship completion

# Minnesota rehabilitation providers

- Qualified rehabilitation consultants (QRCs) – 235
- QRC interns – 22
- QRC firms – 74
- Vendors – 16
- Commission on Accreditation of Rehabilitation Facilities (CARF) firms – 17
- CARF providers in Minnesota – see [www.carf.org/providerSearch.aspx](http://www.carf.org/providerSearch.aspx)

# Sign-up in Work Comp Campus

Work email, password and sign in



## Sign In

Email \*

Email

Password \*

[Forgot password?](#)



Login

[Sign Up](#)

Please read our [Terms and Conditions of Use and Privacy Policy](#) to get more information about our system.



Agreement required to use Campus

## Access Requirements Acknowledgement

By using this system, you affirm that:

- You are accessing a restricted government information system.
- System usage may be monitored, recorded, and subject to audit.
- You consent to such monitoring and recording.
- Unauthorized use of the system is prohibited and may be subject to criminal and/or civil penalties.

I Agree

I Don't Agree

**m1** DEPARTMENT OF LABOR AND INDUSTRY  
WORK COMP CAMPUS

Campus TEST Environment

**My Overview**

Submit a Filing ▾

[Access a Case or Claim](#)

Individual Rehab Provider Registration

Initiate a Dispute

Open Appeal/Petition

Rehab Consultation Report

Rehab Provider Registration

**2**  
Open Claims

**0**  
New Documents

[Dashboard](#) > [Rehab Provider Individual Registration](#)

### Rehab Provider Individual Registration Details

Please make selections for the following registration details

Register As \*  
QRC Intern ▾

Change of Employment

Change of Supervision

Initial

Reinstatement

Renewal

### Applicant Details

Please provide the following information.

First Name \*  
Angie

Middle Name  
Middle Name

Last Name \*  
Rehab

Phone Type \*  
▾

Phone Country \*  
United States (+1) ▾

Phone Number \*  
(555) 555-5555

### Home Address

Address 1 \*  
Address 1

Address 2  
Address 2

Outside US

Postal Code \*  
Postal Code

City \*  
City

County \*  
County

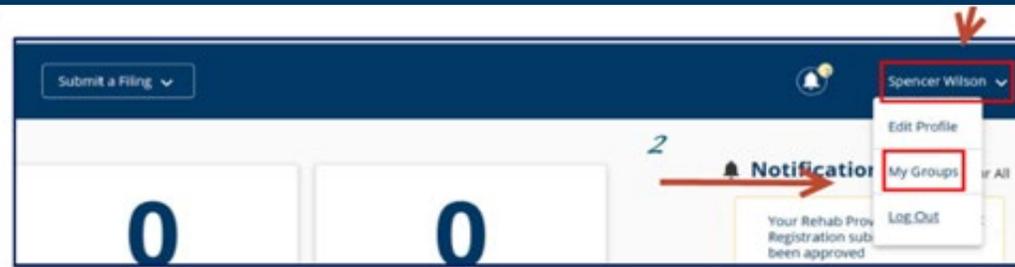
State Province \*  
▾

Country  
United States

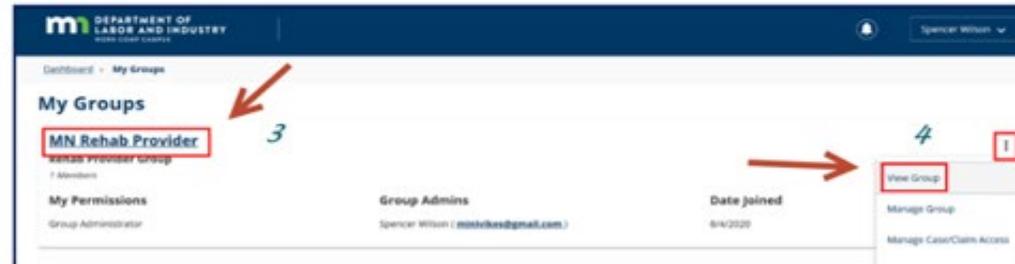
### Public Mailing Address

Address 1 \*  
Address 1

1. On the Campus dashboard, click your name in the top right and select **My Groups** from the drop-down menu.



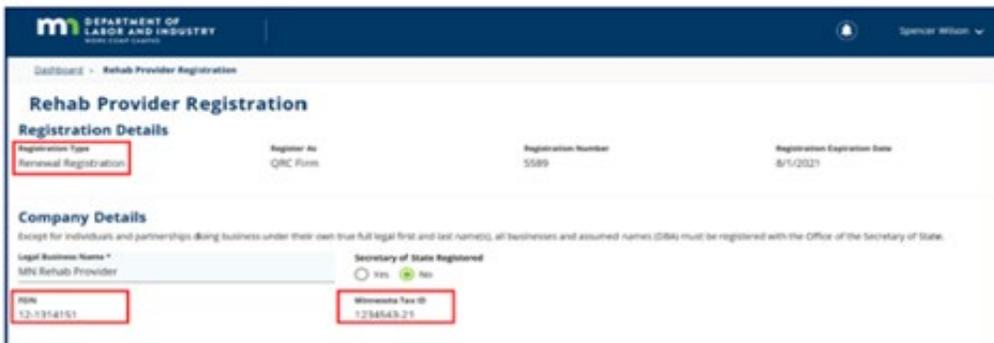
2. Click the name of your rehabilitation provider group or click the kebab menu and select **View Group**.



3. From the rehabilitation provider page, click the kebab menu in the top right and select **Submit Registration**.



4. The **Registration Type** will automatically indicate it is a renewal. Some fields will populate based on the rehabilitation provider's profile and will not be editable.



\*If any populated information is not accurate, it can be changed by selecting **Amend My Profile** in

# H.F. 19 and S.F. 27 (Article 2) (2020 7th Special Session); signed by Gov. Walz Dec. 16, 2020

Section 7 amends Minnesota Statutes § 176.102, subdivision 10 – Rehabilitation; consultants, interns and vendors.

- Paragraph (a) requires an employer or insurer to be approved by the commissioner as a QRC firm, and create an account in Campus as a firm, to employ a QRC to provide vocational rehabilitation services to an injured worker.
- Paragraph (b) requires a plan of supervision signed by the QRC intern's supervisor to be filed with the intern's application in Campus. The supervisor must verify the intern's compliance with all rehabilitation statutes and rules. The intern must verify all rehabilitation documents prepared by the intern were reviewed by the supervisor before they were filed with the commissioner.
- Effective Dec. 17, 2020.

# QRC supervisor responsibilities

## Submit a plan of supervision addressing the:

- evaluation methods to be used;
- frequency of supervisory reviews and communications;
- administrative conferences and hearings, and file reviews;
- review of the rules of practice; and
- review of progress toward obtaining CRC/CDMS certification, including the date the intern will be eligible to take the examination.

Include a statement verifying responsibility for all the intern's rehabilitation work.

Co-sign all written work done by the intern, including reports, correspondence, etc., and should be copied on electronic correspondence.

## Signature

I authorize the Workers' Compensation Division, Department of Labor and Industry, to make any appropriate investigation of the application and supporting documents. I understand that any omission or misrepresentation may result in rejection of this application or denial of registration.

I agree to be bound by all statutes, rules and orders as established by the commissioner and realize that violations may result in the denial or revocation of registration.

I understand that Minn. Rules 5220.1250 prohibits any ownership or financial relationship of any kind between any registered rehabilitation vendor and qualified rehabilitation consultant firm, qualified rehabilitation consultant or qualified rehabilitation consultant intern.

I agree to notify the department immediately of any change in my employment status (Minn. Rules 5220.1400, subp. 5). If there is a change in my employment status, I will notify all parties to the case on which I am the assigned QRC intern as to whom the reassignment will be made (Minn. Rules 5220.1801, subp. 9K(2)).

I certify that I am a full-time resident of Minnesota or I live no more than 100 miles by road from the Minnesota border (Minn. Rules 5220.1400, subp. 5).

**Notice:** The information you as an individual provide in this application will be used by Department of Labor and Industry (department) staff members who require the information to determine if you meet the department's registration/renewal requirements. Minnesota Statutes § 270C.72, subd. 4, requires you to provide your Social Security number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security number, you are not legally required to supply the data requested on this application. However, failure to provide the requested information may delay the processing of your application or result in the denial of the same. The application data will be made part of the department's file for your registration/renewal. Except for your name and the address you designated to receive correspondence from the department, the information you provide on this application is private data while the application is pending. Once you are registered, the application data may become public except for your Social Security number. However, disclosure of private or nonpublic information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Office of Administrative Hearings, upon court order, and/or for the purpose of verification, state investigations and statistics.

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minn. Stat. § 609.52, subd. 3.

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

# QRC internship completion checklists

## Notifications

Clear All

Your Rehab Provider Individual Registration submission has been approved  
Form submission 2939 has been approved.  
a month ago

## My Events

January 2021

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2

## Qualified Rehabilitation Consultant (QRC) Internship Completion Checklists

QRC intern:

QRC intern supervisor:

QRC intern #:

QRC #:

All required reports and progress records shall list the injured worker's name, WID number or SSN, and the date of injury. The QRC intern and QRC intern supervisor must sign all documents.

1. The orientation training packet provides R-forms, narrative reports, labor market analysis examples, and vocational testing and transferable skills analysis report examples.
2. Disability case management (DCM) services do not count towards completion of the internship.
3. Providing job placement and development services full time does not count towards completion of the internship.
4. Substantiated professional conduct complaints (for example, a stipulation or order for discipline) may affect the QRC intern's approval as a QRC.

### QRC internship basic requirements

- The QRC intern worked in "full-time employment," consistent with the employment experience requirement of the certifying body chosen by the intern. Where there is no definition of full-time employment by the certifying body, full-time employment means a minimum of 37 hours per week or more during a 52-week period (1,924 hours) or the same prorated part-time employment, providing rehabilitation services to injured workers.
- The QRC intern is the assigned QRC on all work examples submitted as evidence.

Available at

[www.dli.mn.gov/sites/default/files/pdf/orientation2021\\_QRC\\_intern\\_checklist.pdf](http://www.dli.mn.gov/sites/default/files/pdf/orientation2021_QRC_intern_checklist.pdf)

# QRC intern responsibilities

- **Obtain one of the certifications below within three years:**
  - Commission on Rehabilitation Counselor (CRC); or
  - Certification of Disability Management Specialist Commission (CDMS).
- Work full time at least one year (37 hours a week during a 52-week period).
- Sign off as “**QRC intern**” on all documents.
- List **QRC intern’s registration number** on all documents, such as QRC intern 1234.
- Ask questions to better understand the process.

# Supervisor and intern responsibilities

## Meet occasionally to:

- review the intern's work, answer questions, ensure the intern learns the workers' compensation laws and rules;
- determine the intern's progress toward completion of the internship plan; and
- review study progress for the CRC/CDMS certification examination.
  - CRC exams are three times a year; CDMS exams are two times a year.

Attend mandatory DLI update training sessions.

Notify the registration specialist regarding extended leave or illness, change of employment or cessation of working.

# Supervisor and intern responsibilities

## Vendors:

- CEUs are not required.

## QRC interns:

- 20 CEUs are needed each year; or
- you must be CRC or CDMS certified.

## Documentation must be:

1. a legible certificate of attendance;
2. bear the name of the intern; and
3. signed and dated by the sponsoring institution or organization.



# Continuing education units (CEUs)

## Accepted

In post-secondary course work, including **vocational rehabilitation, medical, psychology of disability** and **occupational safety**, accepted CEUs include:

- **workers' compensation law** continuing legal education (CLE) units; and
- **DLI-sponsored training**, including this orientation and rehabilitation updates.

They must be obtained in a 12-month period prior to the renewal notice.

## Not accepted

Receipts for tuition are not accepted as documentation of attendance.

# Annual registration renewal

A renewal reminder is emailed 90 days before the registration expires.

## **Within 30 days:**

- renewal application must be filed within Campus;
- attach the CRC/CDMS certification or documentation for 20 CEUs; and
- mail check with the registration fee to DLI's financial services unit.

A late-registration fee chart is included with the renewal reminder email message.

# Reasons for denial of renewal

## Reasons for denial of renewal include:

- outstanding penalties and missing R-forms;
- violations of prohibited conduct;
- late or incomplete renewal form submission, such as those missing the applicant's signature or applicant's Social Security number; and
- registration fee or late fees not paid.

# Completion of internship

The commissioner's action on the intern's application for completion of the internship shall be based in part on:

1. the report of the QRC intern supervisor about the competence of the intern to practice independently; and
2. written examples of the intern's work, attached by the supervisor, including those listed on the following slides.

# Completion of internship (continued)

- **Rehabilitation Consultation Report (RCR)** form, with the narrative report explaining your decision.
- **R-2 Rehabilitation Plan** form, with the initial evaluation narrative report, which includes Minnesota Rules 5220.1803, subpart 5, requirements: medical status; vocational history; educational history; social history; relevant economic factors; transferable skills; employment barriers; and recommendations.
- **Plan Progress Report (PPR)** form or use R-3 Rehabilitation Plan Amendment, with the PPR section completed. Attach a narrative report discussing barriers and the measures to overcome them.

# Completion of internship (continued)

- **R-8 Notice of Rehabilitation Plan Closure** form with a summary narrative report. Minnesota Rules 5220.0510, subp. 7: The summary narrative report should be an overall review from the start of rehabilitation to the end and not just a final progress report.
- **Labor market analysis**, a narrative report that shows understanding of vocational testing and a transferable-skills analysis.

**Reminder:** As stated in Minn. R. 5220.1802, subp. 1, all required rehabilitation reports and required progress records prepared by the rehabilitation provider shall be legible and show the: employee's name; employee's worker identification (WID) number, such as EE-01-5467-654; and the date of injury.

# Completion of internship (continued)

Approval of registration as QRC intern: Minn. R. 5220.1500, subp. 1a.

## **When requirements *are met*:**

- an approval letter is issued within 60 days of receipt of the completed application to be a full QRC.

## **When requirements for registration *are not met*:**

- a registration denial Decision and Order is issued within 60 days; and
- one-half of the registration application fee may be refunded.

# Common R-form errors

- R-forms filed late or not at all
- Incomplete fields or blanks:
  - such as service codes were not entered
- Listing a “guesstimate” instead of actual RCR cost on the R-2 and R-8 forms
- Filing duplicate R-forms
- Multiple dates of injury (DOI) listed
- Submitting R-forms in Campus outside of the normal process
- Required narrative reports not attached to R-forms

# Brain teasers

- Whom should I copy on all email, reports and correspondence?
- As an intern, what should be listed after my name?
- Who should attend mandatory DLI updates?
- I should contact \_\_\_\_\_ about extended leave or illness.
- On all reports and correspondence, I must list the EE's name, date of injury and \_\_\_\_\_?
- I must verify my supervisor has reviewed all my R-forms before filing them in \_\_\_\_\_ and sending them to the parties.

# Thank you

For help, contact registration specialist JoAnn Jacobson  
at [joann.early@state.mn.us](mailto:joann.early@state.mn.us) or 651-284-5459.