

QRC internship completion checklist

QRC intern: _____ QRC intern #: _____

QRC intern supervisor: _____ QRC #: _____

Reminder: All required reports and progress records shall list the injured worker's name, worker identification (WID) number (for example, EE-00-0000-000) and date of injury. All R-forms and other documents must be reviewed by the intern's supervisor and have documentation verifying the supervisor's review before the forms are filed in Work Comp Campus.

1. The orientation training materials for download from the Department of Labor and Industry's (DLI's) website provide examples and information for developing R-forms, narrative reports, labor market survey reports, vocational testing/evaluation, and transferable skills analysis reports.
2. Disability case management (DCM) services do not count toward the intern's completion of hours.
3. Working full time doing job placement and development does not count toward an intern's completion of hours.
4. Substantiated professional conduct complaints (a stipulation or order for discipline) and/or outstanding R-form or PCA penalties may affect the QRC intern's approval to become a fully QRC.

Completion of QRC internship requirements

- ☐ The QRC intern has worked in full-time employment for at least 37.5 hours a week during a 52-week period (1,924 hours), or any part-time employment was prorated based on this definition to equal full-time employment, providing rehabilitation services to injured workers in statutory rehabilitation.
- ☐ The QRC intern is the "assigned QRC" on R-forms and work examples submitted as evidence for completion of the internship.
- ☐ The job title of "QRC intern" is listed on all documents, including reports, letters, email messages, business cards, etc. (Do not list any other titles, such as case manager, disability management specialist, life planner, RN case manager or medical case manager to suggest you are anything other than a QRC intern.)
- ☐ The QRC intern has attached a copy of their certification from either the Commission on Rehabilitation Counselor Certification (CRCC) or Certification of Disability Management Specialist (CDMS) Commission to their application to be a QRC.
- ☐ The QRC intern's renewal registration applications have been completed and filed through Campus on a timely basis.
- ☐ The QRC intern has appeared at administrative conferences or hearings, if requested or subpoenaed with the intern's supervisor.

- ☐ The QRC intern attended the mandatory DLI orientation training session within 12 months of the date of registration.
- ☐ The QRC intern attended mandatory DLI update training for all registered rehabilitation providers, as scheduled.

Examples of work to be submitted for approval as a QRC

- ☐ QRC intern's supervisor's written report about the intern's competence to practice independently
- ☐ Rehabilitation Consultation Report (RCR) form with narrative report explaining the basis of the determination (Minnesota Rules 5220.0130, subpart 3c (4)); a restatement of the "Yes" and "No" questions in the narrative report is not acceptable
- ☐ R-2 Rehabilitation Plan form with an initial evaluation narrative report (Minn. R. 5220.1803, subp. 5) detailing:
 - ☐ medical status
 - ☐ relevant economic factors
 - ☐ vocational history
 - ☐ transferable skills
 - ☐ educational history
 - ☐ employment barriers
 - ☐ social history
 - ☐ recommendations
- ☐ **Plan Progress Report (PPR)** form and its corresponding narrative report (Minn. R. 5220.0450, subp. 2 E) listing: **barriers** to successful completion of the rehabilitation plan identified; **and measures** taken to overcome each of the identified barriers
 - ☐ **Or use an R-3 Rehabilitation Plan Amendment** form **with PPR section completed** (items 20 through 23) and its corresponding narrative report listing the barriers and the measures to overcome the barriers
- ☐ R-8 Notice of Rehabilitation Plan Closure form with a narrative summary report (Minn. R. 5220.0510, subp. 7) (narrative summary report of all rehabilitation services provided, not a monthly progress report, on behalf of the injured worker)
- ☐ Narrative report showing understanding of vocational testing/evaluation
- ☐ Narrative report showing understanding of a transferable skills analysis (TSA)
- ☐ Labor market analysis or survey (LMS) report, generally including:
 - ☐ employee's date of injury, average weekly wage and wage information through the survey
 - ☐ employee's current physical limitations and the physical demands of proposed job
 - ☐ number of employers contacted, with grouped responses from employer contact sheet questions
 - ☐ research information supporting national and/or local occupational employment statistic (OES) wages, job outlook, etc., with all support documents attached to report
 - ☐ summary statement of whether the projected job is or is not a good match and why
- ☐ Verification on all forms that work has been reviewed by supervisor prior to submission in Campus.