

# Quick reference guide: QRC and QRC intern registration and renewal

Work Comp Campus will be used to electronically file documents that were previously filed via paper. Users will be able to submit qualified rehabilitation consultant (QRC) and QRC intern registrations and renew their registrations online using Campus.

### QRC, QRC intern registration steps

- Click Submit a Filing in the header of the Campus dashboard.
- 2. Select Individual Rehab Provider Registration.
- 3. For **Register As**, select **QRC**.
- 4. For **Register Type**, select **Initial**.
- 5. Fill in all required fields, marked with an asterisk.

My Overview       Access a Case or Claim         Individual Relatab Provider Registration       Individual Relatab Provider Registration         Initiate a Dispute       Open Appeal/Petition         Open Appeal/Petition       Initiate a Dispute         Open Appeal/Petition       Initiate a Dispute         Dethodraf - Rehab Provider Individual Registration         Register Atom Details         Please make selections for the following registration details:         Register Atom         Register Type * Initial	Overview       Access a Case or Claim         Individual Retable Provider Registration         Initiate a Dispute         Open Appeal/Petition         Open Appeal/Petition         Initiate a Dispute         Open Appeal/Petition         Ition Composition         Initial         Initial <th>WORK COMP CAMPUS</th> <th>Submit a Hinty V</th> <th></th> <th></th> <th><math>\bigcirc</math></th> <th>Ne</th>	WORK COMP CAMPUS	Submit a Hinty V			$\bigcirc$	Ne
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Applicant Details       Please provide the following information.       First Name *       Nell       Middle Name       Middle Name       Pert	Phone Country* Phone Number* Extension ext.  Phone Address  Phone Address  Phone Number Phone Nu	Register As * QRC *	Register Type * Initial	Ŧ			
Phone Country* Phone Number * Extension Phone Tyrne * v United States (+1) v Phone Number avt	ne Address sest * ress 1	Please provide the following information. First Name * Neil	Middle Name Middle Name	Last Name * Pert			
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6.	A rehabilitation provider firm must be selected using the <b>Lookup</b> function. At least one certification box must be checked and a current copy of the license, certification or registration should be attached.	Firm Details       Firm Number         Rehab Provider Firm       1283         *       RP-02-5896-325: MN Best Rehab Providers       Q Lookup         1283       1283         Firm Phone Type * • Firm Phone Country * • Firm Phone Number*       Firm Phone Number         Employer's Address * •       •         City       State         Certifications         Professional Ucense. Certification (check all that apply)         CRC       COMS         ORN       OTR
8.	After all the required fields are filled in, sign the document and click <b>Submit</b> <b>Form</b> to send the form to DLI for approval.	Attach a current copy of each license, certification, or registration         Full Name of Signatory *         Neil Pert         I understand that by checking this box, I am legally signing this electronic form and I confirm that the i knowledge.         Signature Date         8/5/2020         Imm/ddfyww         Submit Form       Save as Draft         Download PDF       Preview         Cancel
9.	After submitting the form, mail your registration fee payment to the address provided (see <i>Helpful tips</i> below).	Registration Fee       X         Your registration has been submitted for review. Please mail your registration fee as a check or money order for \$100 payable to the "Minnesota Department of Labor and Industry". Send payment to the department's Financial Services unit at: Minnesota Department of Labor and Industry, Financial Services, 443 Lafayette Road N., St. Paul, MN 55155.         OK
10.	If your form is approved, you will receive a notification in Campus.	Notifications × clear All      Your Rehab Provider     submission has been     approved     Form submission 3611     has been approved.     Today
QF	RC intern registration	

# steps

- Click Submit a Filing in the header of the Campus dashboard.
- 2. Select Individual Rehab Provider Registration.



- 3. For Register As, select QRC Intern.
- 4. For **Register Type**, select **Initial**.
- 5. Fill in all required fields, marked with an asterisk.

	e following registration details:				
Register As * QRC Intern	Register Type * Tinitial	-			
Applicant Details Please provide the following i First Name * Neil	nformation. Middle Name Middle Name	Last Name Pert	•		
Phone Type *	Phone Country * Vnited States (+1)	Phone Nun Phone Nun	nber* umber	Extension ext.	
Home Address					
Address 1 * Address 1					
Address 2 Address 2					
Outside US					
Postal Code *	City *		Count	y*	

- A rehabilitation provider firm must be selected using the Lookup function.
- 7. A QRC supervisor must be chosen.
- 8. Upload relevant transcripts.
- Upload a plan of supervision addressing all of the requirements of Minnesota Rules 5220.1400, subpart 3a.

- After all the required fields are filled in, sign the document and click **Submit** Form to send the form to DLI for approval.
- 11. After submitting the form, mail your registration fee payment to the address provided (see *Helpful tips* below).

RP-02-5896-325: MN Best Rehab	Providers	<b>Q</b> Lookup	Firm Number 1283		
QRC Intern Supervisor's Name * 👻	QRC Supervisor Number		]		
Firm Phone Type *	Firm Phone Country *	•	Firm Phone Number * Firm Phone Number		Firm Phone Extension ext.
mployer's Address *		*			
city Saint Paul	State			Zip Code 55111	

#### Supporting Attachments

Education Data: Submit official transcripts of all pertinent post-secondary education
Plan of Supervision: A plan of supervision addressing all of the requirements of Minnesota Rules 5220.1400, subp. 3a, must be attached to this application
f you are applying for reinstatement of registration, you must provide verification of all of the following (Minn. Rules 5220.1500, subp. 4):
A. current certification as required by Minn. Rules 5220.1400;
<ol><li>attendance at the most recent update session or a recording of that session;</li></ol>
. documentation of continuing education requirements as provided by Minn. Rules 5220.1500, subp. 3a;
D. payment of any applicable late fees if the applicant failed to notify the commissioner that registration renewal was not being sought; and
: If the applicant has been on inactive status or has failed to renew registration for more than two years, the applicant must also complete an orientation training session acceptance is final.
Note: A plan of supervision addressing all of the requirements of Minn. Rules 5220.1400, subp. 3a, must be attached to this application.
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Description

before

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Remove

File	Nar	ne		

Full Name of Signatory * Neil Pert				
I understand that by checking this box, I am legal knowledge.	ly signing	this electron	ic form and I	I confirm that the
Signature Date 8/5/2020	Ē			
(mm/dd/yyy) Submit Form Save as Draft Download	PDF	Preview	Cancel	

File Type

#### Registration Fee

OK

Your registration has been submitted for review. Please mail your registration fee as a check or money order for \$100 payable to the "Minnesota Department of Labor and Industry". Send payment to the department's Financial Services unit at: Minnesota Department of Labor and Industry, Financial Services, 443 Lafayette Road N., St. Paul, MN 55155. 12. If your form is approved, you will receive a notification in Campus.

♦ Notifications × Clear All Your Rehab Provider × Individual Registration approved Form submission 3611 has been approved. Today →

## Helpful tips

- QRC and QRC intern renewals can be submitted by selecting **Renewal** for the **Register Type** field. You can also use the form for change of employment, change of supervision and reinstatement.
- Send registration fees to:
   Minnesota Department of Labor and Industry, Financial Services
   443 Lafayette Road N.
   St. Paul, MN 55155
- All submitted forms can be found in your **My Forms** queue on the Campus dashboard.
- To register a QRC firm, use the Rehab Provider Group Registration option from the Submit a Filing drop-down menu.