

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.

| ly Overview | | | | ٩ | Neil F |
|---|---|---------------------------------------|-------|----------------|--------|
| | Access a Case or Claim | | | | |
| | Individual Rehab Provider Re | sistration | | Notificat | ions |
| 0 | Initiate a Dispute | 0 | No | notifications. | |
| U | Open Appeal/Petition | U | | | |
| DEPARTMENT OF LABOR AND INDUSTRY WOR COMPCANEPS | | | | ٩ | Neil |
| Dashboard > Rehab Provider Individua | al Registration | | | | |
| Register As * QRC ~ | Register Type * Initial | × | | | |
| Applicant Details | | | | | |
| | | | | | |
| Please provide the following information. | Middle Name | Last Name * | | | |
| Please provide the following information. | Middle Name Middle Name Phone Country * | Last Name * Pert Phone Number * | Exten | | |

| 6. 7. | A rehabilitation provider firm must be selected using the Lookup 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 Kehab Provider Firm Q Lookup Y RP-02-5896-325: MN Best Rehab Providers Q Lookup Item Phone Number * Firm Phone Type * Firm Phone Country * City State Zip Code Certifications Professional License. Certification, Registration (check all that apply) CRC COMMS CRN OTR | Phone Extension |
|----------|--|--|---|
| 8. | After all the required fields are filled in, sign the document and click Submit Form 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 (mm/dd/yyy) 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 Your registration has been submitted for review. Please mail your registration fee as a check or money order for \$100 payable to Labor and Industry". Send payment to the department's Financial Services unit at: Minnesota Department of Labor and Industry Road N., SL Paul, MN 55155. OK | 2 the "Minnesota Department of Financial Services, 443 Lafayette |
| 10. | If your form is approved, you will receive a notification in Campus. | Notifications × clear All Your Rehab Provider × individual Registration submission has been approved Form submission 3611 has been approved. Todey → | |
| 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 | | Last Name * Pert | | |
| Phone Type * | Phone Country * Vnited States (+1) | Phone Number | | nsion |
| Home Address | | | | |
| Address 1 * Address 1 | | | | |
| Address 2 Address 2 | | | | |
| Outside US | | | | |
| Postal Code * | City * | | County* | |

- 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).

| iehab Provider Firm X RP-02-5896-325: MN Best Rehab | Providers Q | Lookup | Firm Number 1283 | | |
|--|-----------------------|--------|--|-------------------|------------------------------|
| QRC Intern Supervisor's Name * 👻 | QRC Supervisor Number | |] | | |
| Firm Phone Type * 🔹 👻 | Firm Phone Country * | Ŧ | Firm Phone Number * Firm Phone Number | | Firm Phone Extension ext. |
| mployer's Address * | | - | | | |
| city Saint Paul | State MN | | | 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; |
| attendance at the most recent update session or a recording of that session; |
| . 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 |
| E. 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. |
| L Haland December |

Description

before

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Remove

| File | Nan | ne | | |
|------|-----|----|--|--|
| | | | | |

| Full Name of Signatory * Neil Pert | | | | |
|--|----------|-----------------|--------------|--------------------|
| I understand that by checking this box, I am legally knowledge. | y signii | ng this electro | nic form and | I confirm that the |
| Signature Date 8/5/2020 | ۲ | | | |
| (mm/dd/yyy) Submit Form Save as Draft Download i | 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.