

Quick reference guide: Rehabilitation provider 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 rehabilitation provider registrations and renew their registrations online using Campus.

Rehabilitation provider registration

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 Click Submit a Filing in the header of the dashboard. 	DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS	Submit a Filing 🗸
2. Select Rehab Provider	My Overview	Access a Case or Claim
Registration.	B Open Claims View details associated to your claims in the My Queue portal.	Individual Rehab Provider Registration Initiate a Dispute Object to Penalty Open Appeal/Petition Rehab Consultation Report Rehab Provider Registration Rehab Provider Registration
3. Select the rehabilitation	Dashboard > Rehab Provider Registration	
provider group type to	Rehab Provider Registration	
register.	Registration Details Registration Type	
	Initial Registration Register As *	·
*This form can be used for both qualified rehabilitation	Company Details Except for individuals and partnerships doing business under their own true	e full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State
consultant (QRC) firms and	Legal Business Name * Legal Business Name	Secretary of State Registered Ves No
rehabilitation vendors.	FEIN * FEIN	Minnesota Tax ID * Minnesota Tax ID
 Fill in the information for your rehabilitation provider. 	Have you previously applied for registration as a rehabilitation	on provider in Minnesota or any other state? *
	If you have questions regarding the need to obtain workers' compensation of	coverage, including exemptions, call the [Support Phone Number]
*If an existing rehabilitation	Workers' compensation insurance exemption	
provider is found with the same	Insurer Q. Lookup	Policy Number * Policy Number
FEIN or Minnesota tax ID		
number, you will not be able to	Effective Date * (mm/dd/yyyy)	Policy Expiration Date * (mm/dd/yyy)
submit the form.		
5. Add an address and any staff members.	Office Address List Entity Address ID Address Type Address 1	Address 2 Is outside the US? Zip Code City County State Country No addresses currently added
*You must add at least one	Staff Details	+ Add
primary address, one primary	Staff Name Job Title Staff Type is Part Time Weeki	dy Hours Is Manager Is Primary Contact Office Address Staff Email Staff Phone No staff currently added
contact, one manager and one QRC.	Any data or information to support your application should be attached. Examples:	s include your resume, list of activities or license/certification information.



Rehabilitation provider registration renewal

- On the Campus dashboard, click your name in the top right and select My Groups from the drop-down menu.
- Click the name of your rehabilitation provider group or click the kebab menu and select View Group.



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

DEPARTMENT OF LABOR AND INDUSTRY

MN Rehab Provider

Rehab Provider Details Rehab Provider Name MN Rehab Provider

Group: RP-02-5896-315

🖍 Edit

Rehab Provi QRC Firm

 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 the previous step.

- Fill in all the required fields, electronically sign the document and click Submit Form, which will send the form to DLI for approval.
- After submitting the form, mail your registration fee payment to the address provided (see *Helpful tips* below).
- After your form is approved, you will receive a notification in Campus.

Rehab Group FEIN 12-1314151	Minnesota Tax ID 1234543-21	SWIFT Customer Number	SWIFT Sequence Number
Registration Number 5589	Registration Expiration Date 8/1/2021	Registration Status Active	
Secretary of State Registered No	Geographic Location		
DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS			Spencer Wilson 🗸
Dashboard > Rehab Provider Registration	n		
Rehab Provider Regis	stration		
Registration Details			
Registration Type Renewal Registration	Register As QRC Firm	Registration Number 5589	Registration Expiration Date 8/1/2021
Company Details			
Except for individuals and partnerships doing but	isiness under their own true full legal first and las	t name(s), all businesses and assumed names (DBA) r	nust be registered with the Office of the Secretary of State.
Legal Business Name * MN Rehab Provider	Secretary of State Rep	gistered	
	Microsoft Tax ID	1	
12-1314151	1234543-21		

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Electronic Signature	
I understand that I must notify the o	epartment if there is any change to your workers' compensation insurance information or employee status.
I authorize the Workers' Compensat may result in rejection of this applic	ion Division, Department of Labor and Industry, to make any appropriate investigation of the application and supporting documents. I understand that any omission or misrepresentation ation or denial of registration.
I agree to be bound by all statutes, r	ules and orders as established by the commissioner and realize that violations may result in the denial or revocation of registration.
l understand that Minnesota Rules 5 consultant or qualified rehabilitation	220.1250 prohibits any ownership or financial relationship of any kind between any registered rehabilitation vendor and qualified rehabilitation consultant firm, qualified rehabilitation consultant intern.
I further understand that registered	rehabilitation vendors shall not employ or otherwise engage the services of qualified rehabilitation consultants (Minn. Rules 5220.1700, subp. 5).
Any change in the firm address, tele	phone number or contact person must be reported to the department within two weeks of the occurrence (Minn. Rules 5220.1700, subp. 1).
Notice: The information you as an ir registration/renewal requirements.	dividual 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 Minnesota Statutes 5 270-C72, subd. 4, requires you to provide your Social Security number and Minnesota taxis identification number on the application. The other information is being anyour application Mint the avorable of user Social Security number and Minnesota taxis identification number use a leader unsuite and security and the social security of the other information is being anyour application.
Registration Fee Your registration has been sub to the department's Financial S	mitted for review. Please mail your registration fee as a check or money order for \$200 payable to the "Minnesota Department of Labor and Industry". Send paym ervices unit at: Minnesota Department of Labor and Industry, Financial Services, 443 Lafayette Road N., St. Paul, MN 55155.
Please type your First and Last Nam Department of Labor and Industry a	e as they appear on your CAMPUS prome: by signing and dating this form, if certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the nd, if required, to the department's Vocational Rehabilitation unit (VRU).
Full Name of Signatory * Spencer Wilson	
I understand that by checking th	is box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.
Submit Form Save as Draft	Download as PDF Preview Cancel

Helpful tips

- Send registration fees to: Minnesota Department of Labor and Industry, Financial Services 443 Lafayette Road N.
 St. Paul, MN 55155
- Changes to the rehabilitation provider profile can be made by navigating to the rehabilitation provider profile page and selecting **Amend My Profile** from the kebab menu.