



## Approved IME Provider Update Instructions

The information on this form is used to update or correct the information listed on the website at [www.imes.lni.wa.gov](http://www.imes.lni.wa.gov) under “Find a Medical Examiner.” Please ensure all information is current and correct.

### Contact Information:

- List current mailing address and phone number where the Department may contact you directly. A post office box will be accepted in place of a street address. *This information will appear on the website for external customers.*
- List National Provider Number (NPI).
- List a current phone number and email address. *This information is for internal use only and is not shared with external customers.*

### Availability:

- Indicate the type of IME referral you will accept from the Department.
- Indicate your availability to conduct IMEs.
- Examiners who are listed as temporarily unavailable will be removed from the list after 18 months of inactivity. Your IME provider number(s) will be inactivated at that time. Reapplication will be required once an examiner has been removed.
- List the name of the IME firm(s) with which you no longer maintain a business relationship to conduct IMEs. Your provider number for that firm will be inactivated.

### Qualifications:

- Provide updated curriculum vitae and copies of any new sub-specialties or board certifications.
- Enter your direct patient care status. Per [WAC 296-23-317](#) the definition of direct patient care (DPC) **excludes the hours spent conducting IMEs**. Examiners who meet that definition will be listed as providing full time (32 hours or more) or part-time (8 – 31 hours) DCP on the approved examiners database.
- Enter practice specialty and sub-specialty.
- Enter name of state(s) where you conduct IMEs. Provide a copy of your medical license for each state.
- Enter any new board or sub-specialty certifications. Provide a copy of the certificate(s).
- Enter any new fellowship. Provide updated curriculum vitae listing the fellowship and dates of the program as well as a copy of your certificate of completion.

### Signature:

- Sign and date the form.