

## Independent Medical Examination (IME) Panelist Application

Please complete in full and return with a current copy of

- your curriculum vitae
- your professional license

**Forward all of the above to:**  
**EDD/Office of the Medical Director**  
**P.O. Box 826880, MIC 29B**  
**Sacramento, CA 94280-0001**

Last Name (please print)	First Name	Middle Name
Social Security Number	Federal Tax ID Number	Business Telephone Number
Medical Group or Clinic, if any	Business/Practice of Medical Group Mailing Address	
List all clinics and addresses where IMEs will be performed. Attach additional sheet as needed.		
What is your medical specialty or type of medical practice?		Board Certified Physician? <input type="checkbox"/> No <input type="checkbox"/> Yes
List all specialties for which IMEs will be performed		
In addition to English, what languages do you and/or your staff speak?		
Medical School Name	Graduation Year	
Are you currently employed by the State of California? <input type="checkbox"/> No <input type="checkbox"/> Yes - By which department?	Medical License No.	
Please list any specific requirements you or your office staff may have concerning referrals.		
I certify under penalty of perjury that the foregoing is true and correct		
Signature of Applicant	Date	
<b>THIS SECTION FOR MEDICAL DIRECTOR'S OFFICE USE ONLY</b>		