

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
Division of Workers' Compensation  
633 – 17<sup>th</sup> Street, Fourth Floor  
Denver, Colorado 80202-3626

AUDIT REGISTRATION FORM  
LEVEL I PHYSICIAN ACCREDITATION

The fee to audit this course is \$90.00.

Please type or print clearly

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

BUSINESS PHONE NO.: \_\_\_\_\_ FAX NO: \_\_\_\_\_

DISCIPLINE OF CARE: (Please be very specific in listing the type of medical work you do, such as NP, PA, PsyD etc.)

Specialty \_\_\_\_\_

PROFESSIONAL COLORADO LICENSE NO.: \_\_\_\_\_

(if applicable depending on certification or specialty)

EXPIRATION DATE: \_\_\_\_\_

\_\_\_\_\_ I will attend the March 26, 2015 Seminar – Doubletree by Hilton-Denver/Westminster

AMOUNT ENCLOSED: \$ \_\_\_\_\_

The registration fee to audit Level I Accreditation is \$90. Complete the registration form and pay by check or credit card. **Checks should be made payable to the Division of Workers' Compensation.**

**Mail registration form and check to:** OR  
Division of Workers' Compensation  
Physicians' Accreditation  
Post Office Box 628  
Denver, CO 80201-0628

**1. Fax registration form to 303-318-8653**  
**2. Pay by credit card at:**  
<https://www.colorado.gov/payment/1a>  
(must use **https**)

If you have any questions, please call the Accreditation Program Office at (303) 318-8763.