



## Bronx County Medical Society

3560 Netherland Avenue, Suite 2F

Bronx, NY 10463

Telephone: (718) 548-4401

Fax: (718) 549-6681

Email: [bxcms@msn.com](mailto:bxcms@msn.com)

Website: [www.bronxdocs.org](http://www.bronxdocs.org)

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FACC, FACP, FCCP

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Form MR – 1

Physicians' Application for Workers' Compensation Rating

- **DO NOT SEND YOUR APPLICATION TO THE WORKERS' COMPENSATION BOARD** – WC regulations require that all applications for authorization be processed by the **County Medical Society** in which the physician's office is located.
- Applications must be filled out completely, including your home address and telephone number. **Incomplete applications will be returned.**
- All entries **must be typewritten or printed clearly**. Illegible applications will be returned.
- **You must have a separate NYS Registration Certificate** from the NYS Department of Education for each and every office address listed on your application. **The one you submit with your application must display your BRONX office address.** You can change your registration address and or register additional offices by calling the Division of Professional Licensing Services at (518) 474-3817.
- **If you are applying for a specialty rating, please submit 2 letters of recommendation**, one from your chief of service and the other from a recognized specialist in your field who is familiar with your work. **IME Applications need only submit 1 letter.**
- **If you are applying for a specialty rating, please submit 2 photocopies of your board certification.** If you are not board certified, submit 2 copies of your certification of completion of an accredited residency or a letter from the hospital administrator confirming the same.
- **COMPLETE IN DUPLICATE, 2 ORIGINAL, SIGNED APPLICATIONS** Photo copies will not be accepted.
- **Forward payment of \$400** along with your applications  
(Note: BCMS Members are exempt from this fee)

Mail To:

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