

Workers' Compensation Experience Panel Application

Name: (please print) _____

Are you Board Certified in Workers' Compensation Law? ___ yes ___ no (If yes, please indicate below the panels for which you wish to receive referrals. You are not required to provide proof of prior experience.) Please sign application.

If you are not Board Certified, please complete the application, including case information.

Where required, please provide a typed list of cases handled, including case name, party names, year of disposition, brief description of case type and resolution.

Panel	Requirements
<input type="checkbox"/> Federal Workers' Compensation <input type="checkbox"/> State Workers' Compensation	<input type="checkbox"/> For EACH selected panel, must have handled 25 Mediation Conferences and 6 Contested Case Hearings (CCH) within the past two (2) years. AND <input type="checkbox"/> For EACH selected panel, must have handled 1 appeal within the past four (4) years. <input type="checkbox"/> I certify that at least 20% of my practice is in workers' compensation law, I have disclosed this percentage on my application for malpractice insurance, and I have fifteen (15) hours of CLE in workers' compensation law within the past three (3) years.

For the section below, you are not required to prove prior experience.

___ Defense of uninsured employers

For the sub-panels selected above, I represent the ___ Claimant ___ Employer.

___ I certify that I am qualified to accept workers' compensation law cases, I meet the LRIS membership requirements for receiving referrals from LRIS in this area and I will maintain compliance with the requirements as long as I accept LRIS referrals.

Date _____ Signature _____