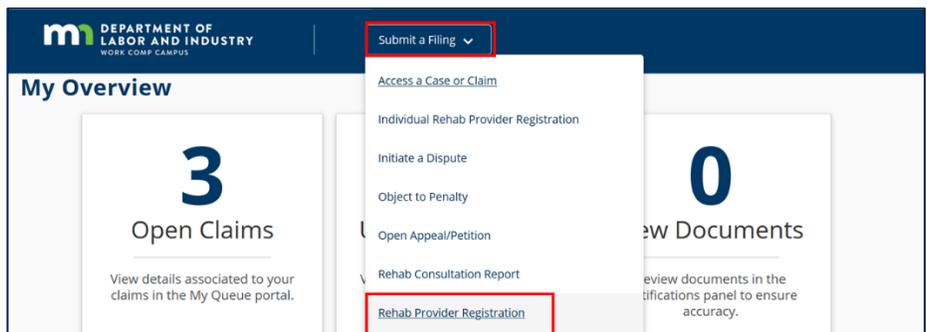


# Quick reference guide: Rehabilitation provider registration and renewal

Work Comp Campus will be used to electronically file documents that were previously filed via paper. Users will be able to submit rehabilitation provider registrations and renew their registrations online using Campus.

## Rehabilitation provider registration

1. Click **Submit a Filing** in the header of the dashboard.
2. Select **Rehab Provider Registration**.



3. Select the rehabilitation provider group type to register.

\*This form can be used for both qualified rehabilitation consultant (QRC) firms and rehabilitation vendors.

4. Fill in the information for your rehabilitation provider.

\*If an existing rehabilitation provider is found with the same FEIN or Minnesota tax ID number, you will not be able to submit the form.

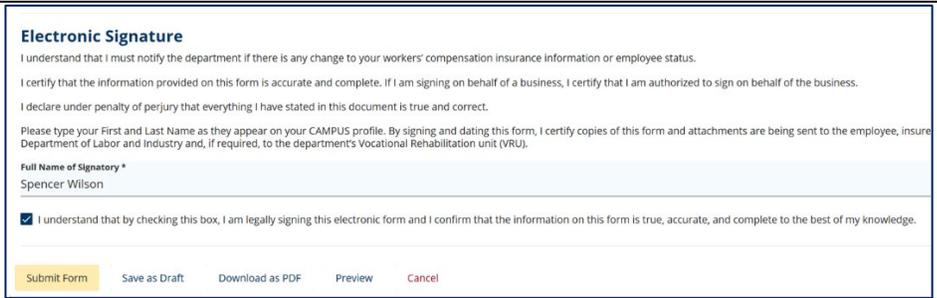
 A screenshot of the 'Rehab Provider Registration' form. The title is 'Rehab Provider Registration'. Under 'Registration Details', there is a 'Register As \*' dropdown menu. The 'Company Details' section includes fields for 'Legal Business Name \*', 'FEIN \*', 'Secretary of State Registered' (Yes/No), and 'Minnesota Tax ID \*'. Below this is a question: 'Have you previously applied for registration as a rehabilitation provider in Minnesota or any other state? \*'. The 'Insurance Details' section includes 'Workers' compensation insurance exemption' and fields for 'Insurer', 'Policy Number \*', 'Effective Date \*', and 'Policy Expiration Date \*'.

5. Add an address and any staff members.

\*You must add at least one primary address, one primary contact, one manager and one QRC.

 A screenshot of the 'Office Address List' and 'Staff Details' sections. The 'Office Address List' table has columns: Entity Address ID, Address Type, Address 1, Address 2, Is outside the US?, Zip Code, City, County, State, Country. It shows 'No addresses currently added' and a '+ Add' button. The 'Staff Details' table has columns: Staff Name, Job Title, Staff Type, Is Part Time, Weekly Hours, Is Manager, Is Primary Contact, Office Address, Staff Email, Staff Phone. It shows 'No staff currently added' and a '+ Add' button. Below these is the 'Supporting Attachments' section with an 'Upload Document' button and a table with columns: File Name, File Type, Description, Remove.

6. Electronically sign the document and click **Submit Form**, which will send the form to DLI for approval.



**Electronic Signature**

I understand that I must notify the department if there is any change to your workers' compensation insurance information or employee status.

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insured Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory \*  
Spencer Wilson

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit Form Save as Draft Download as PDF Preview Cancel

7. After submitting the form, mail your registration fee payment to the address provided (see *Helpful tips* below).

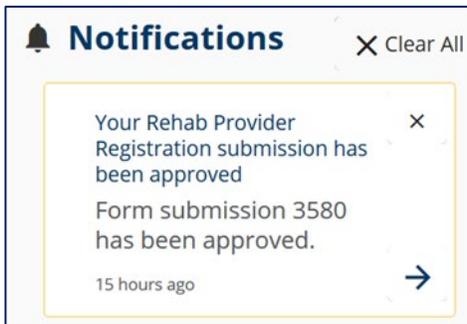


Registration Fee

Your registration has been submitted for review. Please mail your registration fee as a check or money order for \$200 payable to the "Minnesota Department of Labor and Industry". Send payment to the department's Financial Services unit at: Minnesota Department of Labor and Industry, Financial Services, 443 Lafayette Road N., St. Paul, MN 55155.

OK

8. After your form is approved, you will receive a notification in Campus.



**Notifications** X Clear All

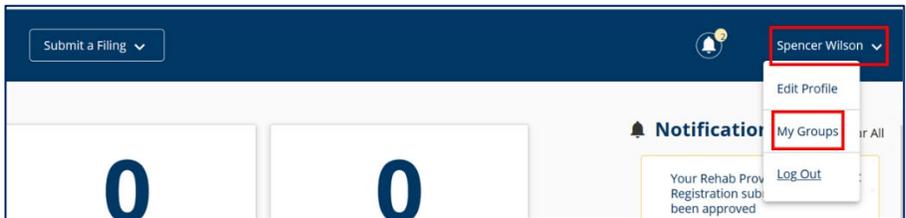
Your Rehab Provider Registration submission has been approved

Form submission 3580 has been approved.

15 hours ago

## Rehabilitation provider registration renewal

1. On the Campus dashboard, click your name in the top right and select **My Groups** from the drop-down menu.



Submit a Filing

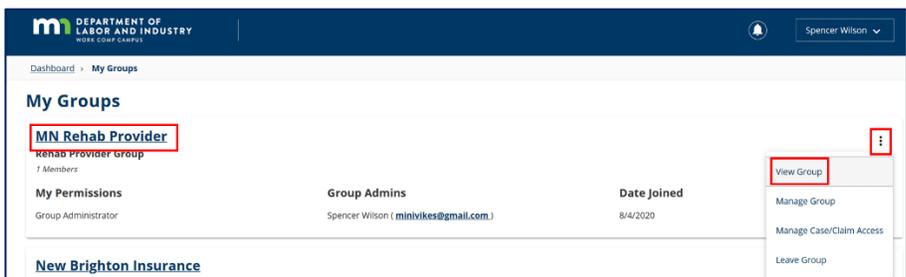
Spencer Wilson

Edit Profile

My Groups

Log Out

2. Click the name of your rehabilitation provider group or click the kebab menu and select **View Group**.



DEPARTMENT OF LABOR AND INDUSTRY

Dashboard > My Groups

**My Groups**

Group Name	Members	My Permissions	Group Admins	Date Joined	Actions
MN Rehab Provider	1 Members	Group Administrator	Spencer Wilson (minivikes@gmail.com)	8/4/2020	View Group, Manage Group, Manage Case/Claim Access, Leave Group
New Brighton Insurance					

- From the rehabilitation provider page, click the kebab menu in the top right and select **Submit Registration**.

- The **Registration Type** will automatically indicate it is a renewal. Some fields will populate based on the rehabilitation provider's profile and will not be editable.

\*If any populated information is not accurate, it can be changed by selecting **Amend My Profile** in the previous step.

- Fill in all the required fields, electronically sign the document and click **Submit Form**, which will send the form to DLI for approval.

- After submitting the form, mail your registration fee payment to the address provided (see *Helpful tips* below).

- After your form is approved, you will receive a notification in Campus.

## Helpful tips

- Send registration fees to:  
Minnesota Department of Labor and Industry, Financial Services  
443 Lafayette Road N.  
St. Paul, MN 55155
- Changes to the rehabilitation provider profile can be made by navigating to the rehabilitation provider profile page and selecting **Amend My Profile** from the kebab menu.