



STATE OF TENNESSEE
BUREAU OF WORKERS' COMPENSATION
220 FRENCH LANDING DRIVE
NASHVILLE, TENNESSEE 37243-1002
(615)741-2395 or 1-800-332-2667
WC.EDI@TN.GOV

ADJUSTING ENTITY CERTIFICATION APPLICATION

This form is used by an Adjusting Entity to apply to become "Certified" under Rules 0800-02-27 Adjusting and Adjusting Entity Certification Program.

(Please print)

Adjusting Entity Name _____

d/b/a _____

Primary Liaison Name _____ Title _____

Liaison Direct Phone # _____ Email _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____ ZIP _____

****Please attach the following information:**

- A list of the name(s) of all adjusters currently handling Tennessee workers' compensation claims and the name(s) of their immediate supervisor(s);
- Documentation to describe the adjusting entity's training activities for the twelve (12) months immediately preceding the date of this application provided to adjusters and supervisors indicated above. Please indicate the frequency it was offered, the manner in which it was offered (online, classroom, etc.), the subject matters discussed and, the individual's names and organizations of speakers or presenters who facilitated the training. (Attaching proofs of attendance, such as sign-in sheets, and copies of training agenda(s) is encouraged.); and,
- An audit of the adjusting entity's achievements for the twelve (12) calendar months ending with the month three months prior to the date of the application (example: For an application dated June 1, the audit would be for the months of April 1 of the previous year through March 31 of the current year) relative to the average number of days per month to file or provide the following:
 - Form C-20
 - Form C-42
 - Form C-22
 - Form C-26
 - SD-1 and SD-2 Forms
 - Payments to medical providers

Signature

Printed Name

Title

Date