

## New Jersey Worker's Compensation Overview

DECEMBER 9, 2016 – JUMPING BROOK COUNTRY CLUB, NEPTUNE, NJ

Approved by DCA - CMFO, CCFO – 4 CEU's – 4 Office Mgt/Ancillary

Approved by DCA –RMC 4 Professional Development

Approved by DCA – CPWM – 4 CEUs – 4 Government

Approved for 4 CPE's for RMAs, CPAs, PAs - Finance

**9:00am – 9:30 am Registration, Full Breakfast Buffet**

**Seminar Time Table 9:30am – 12:50pm**

- \*Description of qualified accidents and exposures
- \*Defenses
- \*Medical and Temporary Disability Benefits: When do they start? When do they end?
- \*The employer's right to medical control
- \*Distinguishing compensable injuries from temporary aggravation of personal conditions
- \*Benefit rates for 2016: what are they and how to calculate an award
- \*Requirements for permanency awards and credits for prior disability
- \*Emergent medical treatment procedures
- \*Strategies for maximizing recoveries from third party liability cases
- \*The impact of employer and employee fraud
- \*The Hot Topic cases from 2015 and 2016
- \*Reinventing your workers' compensation program to reduce losses and costs.

**INSTRUCTOR: Nancy Johnson, Esquire**

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Directions on our web site – "<http://ipd2.com>"

TO ASSURE PROPER POSTING, PLEASE ATTACH A COPY OF THIS APPLICATION WITH YOUR PAYMENT

Mail Checks to: **Institute For Professional Development**

**P.O. Box 1468, Clifton, New Jersey 07015-1468 Telephone (973)-777-4200**

**PAYMENT OR PURCHASE ORDER DUE BY DAY OF SEMINAR P.O. # \_\_\_\_\_**

**\*\*PLEASE CHECK SEMINAR YOU WISH TO ATTEND\*\***

**\_\_\_ I wish to register for the December 9, 2016 Workers Compensation Issues Workshop**

**FAX YOUR REGISTRATION FORM TO (973)-777-0401**

**Cancellation Policy – 48 Hours in advance of seminar, in writing**

**\*\* During inclement Weather, Check our web site the Day Before the Seminar <http://ipd2.com>\*\***

**SEMINAR INCLUDES BREAKFAST BUFFET \$ 99.00 per person \$125.00 Registration at Door**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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**Organization or Government Unit**

**Telephone Number**

**Fax Number**

**CLAIMANTS CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalty of the law That the within bill is correct in all particulars, the articles Have been furnished or services rendered as stated herein, that no bonus has been given or received by any person or persons within knowledge of this claimant in connection with the above Claim and that the amount charged is a reasonable one.

*Michael F. Conti*

Michael F. Conti, Program Coordinator

P.O. Box 1468, Clifton, NJ 07015-1468 (973)-777-4200 - FAX (973) 777-0401

Just mail your check with this application form you do not need to send your Voucher for a separate signature since the presigned certification on the left can be attached to your Voucher in lieu of sending it to us for a signature. This form has been determined by DLGS to meet the requirement of the statutes for this type of expenditure.