

Bonita Unified School District Volunteer Coach Clearance Process

Step 1 Clearance Application

- Begin a **Coach Clearance Application** by completing this packet.
- Provide a copy of your **driver's license** with your packet.
- Proceed to the mandatory courses and items outlined in *Step 2*.

Step 2 Certificates, & Background

- The following **mandatory** courses must be taken and **certificates must be included with your packet**.
 - CPR, First Aid, NFHS Concussion Course, Sudden Cardiac Arrest Course, Mandated Reporter Training
- Visit a **Livescan facility** and have your **fingerprints** taken.
- Visit a **PVHC facility** and undergo a **physical and TB assessment**.

Step 3 Orientation & Clearance

- **Ensure all items are included.**
- Wait to receive a phone call from Human Resources to schedule an interview.
- Coordinate work schedule with site secretary.

Additional Information

◆ Have your fingerprints processed at a Live Scan facility. Please print the form and take it with you to your chosen facility. BUSD does not pay for this service. If you already had your fingerprints processed for BUSD, do NOT process them again.

◆ Please make an appointment for a **pre-employment physical and TB Assessment**. Bonita USD will cover the cost. Please call the number on the Pomona Valley Health Center (PVHC) form to make the appointment. There are two locations for your convenience. Chest x-rays, if needed, will be the responsibility of the applicant. If you have taken a TB test within the last four years, you may simply submit proof of your negative results.

◆ As a condition of employment, each new employee is required to undergo **Child Abuse Mandated Reporter Training**. To complete this training, register at <https://ascip.synlms.com/Signup> . Use a personal email address instead of a district email. Once logged in, click **Catalog** and go to the **Search** bar. Type in **AB1432** for the **Mandated Reporter Training** . Once you have completed and passed the training, print the certificate by clicking on the graduate cap (Transcript) icon.

◆ Both CPR **and** First Aid courses are required. BUSD does not pay the costs of these courses. Online courses of your choice are acceptable as long as a certificate is provided. The Red Cross provides these courses online at: <https://www.redcross.org/take-a-class/online-safety-classes> .

◆ The free online **Concussion Course** and the **Sudden Cardiac Arrest Course** MUST be taken online at www.nfhslearn.com.

No coach may be on the practice field until cleared by Human Resources

**BONITA UNIFIED SCHOOL DISTRICT
COACHING REQUIREMENTS**

(For use by site)

Name: _____

Site: _____

Position: _____

Sport: _____

- CIF Code of Conduct
- Copy of First Aide and CPR Cards
- Fingerprint Clearance Date: _____
- Concussion Training Certificate
- CIF Education Class Memo
- Physical Clearance Date: _____
- Mandated Reporter Training Certificate
- Completed Application
- Copy of Driver's License
- Sudden Cardiac Arrest Training Certificate
- TB Test Clearance
- WellComp & Workers' Comp Acknowledgement
- Walk-on Coaching Memo
- Contact Data Form
- Oath of Allegiance

BONITA UNIFIED SCHOOL DISTRICT

SITE: _____ SPORT: _____

No coach may be on the practice field until the site receives this letter of clearance signed by Human Resources Development. **All items outlined in *The Coach Clearance Process* must be completed and returned to the site with this application.** All certifications must be kept current as a condition of employment.

Acknowledgement of Application: _____
Signature

Date: _____

CLEARANCE OF TEMPORARY ATHLETIC COACH

The following individual has been cleared as an Athletic Coach.
All preliminary employment steps have been completed.

Print Name: _____

Date Cleared by HRD: _____

Approval: _____
Assistant Superintendent Human Resources Development

Expiration Date of CPR Card: _____

Expiration Date of First Aide Card: _____



Pursuing Victory With Honorsm

Code of Conduct for Coaches

CIF Member School: _____

We, in the California Interscholastic Federation, believe that high school athletic competition should be fun, but that it must also be a significant part of a sound educational program. We believe that those who coach student-athletes are, first and foremost, teachers who have a duty to assure that their sports programs promote important life skills and the development of good character.

We believe that the essential elements of character-building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the “Six Pillars of Charactersm”). We believe, further, that the highest potential of sports is achieved when teacher-coaches consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Finally, we believe that sincere and good-faith efforts to honor the words and spirit of this Code will improve the quality of our programs and the well being of our student-athletes. This Code of Conduct applies to all full-time and part-time coaches involved in interscholastic sports.

I understand that in my position as a coach, I must act in accord with the following code:

TRUSTWORTHINESS.

- ***Trustworthiness*** Be worthy of trust in all I do and teach student-athletes the importance of integrity, honesty, reliability and loyalty.
- ***Integrity*** Model high ideals of ethics and sportsmanship and always pursue victory with honor; teach, advocate and model the importance of honor and good character by doing the right thing even when it’s unpopular or personally costly.
- ***Honesty*** Don’t lie, cheat, steal or engage in or permit dishonest or unsportsmanlike conduct.
- ***Reliability*** Fulfill commitments; I will do what I say I will do; be on time.

- **Loyalty** Be loyal to my school and team; put the team above personal glory.
- **Primacy of Educational Goals** Be faithful to the educational and character-development missions of the school and assure that these objectives are not compromised to achieve sports performance goals; always place the academic, emotional, physical and moral well being of athletes above desires and pressures to win.
- **Counseling** Be candid with student-athletes and their parents about the likelihood of getting an athletic scholarship or playing on a professional level. Counsel them about the requirement of many colleges preventing recruitment of student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
- **College Recruiters** Be honest and candid with college recruiters about the character and academic abilities and interest of student-athletes.

RESPECT

- **Respect** Treat all people with respect all the time and require the same of student-athletes
- **Class** Be a good sport, teach and model class, be gracious in victory and accept defeat with dignity; encourage student-athletes to give fallen opponents a hand, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- **Taunting** Don't engage in or allow trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- **Respect Officials** Treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.
- **Respect Parents** Treat the parents of student-athletes with respect; be clear about your expectations, goals and policies and maintain open lines of communication.
- **Profanity** Don't engage in or permit profanity or obscene gestures during practices, sporting events, on team buses, or any other situation where the behavior could reflect badly on the school or the sports program.
- **Positive Coaching** Use positive coaching methods to make the experience enjoyable, increase self-esteem and foster a love and appreciation for the sport. Refrain from physical or psychological intimidation, verbal abuse, and conduct that is demeaning to student-athletes or others.
- **Effort and Teamwork** Encourage student-athletes to pursue victory with honor, to think and play as a team, to do their best and continually improve through personal effort and discipline. Discourage selfishness and put less emphasis on the final outcome of the contest, than upon effort, improvement, teamwork, and winning with character.

- **Professional Relationships** Maintain appropriate, professional relationships with student athletes and respect proper teacher-student boundaries. Sexual or romantic contact with students is strictly forbidden as is verbal or physical conduct of a sexual nature directed to or in view of student-athletes.

RESPONSIBILITY

- **Life Skills** Always strive to enhance the physical, mental, social and moral development of student-athletes and teach them positive life skills that will help them become well-rounded, successful and socially responsible.
- **Advocate Education** Advocate the importance of education beyond basic athletic eligibility standards and work with faculty and parents to help student-athletes set and achieve the highest academic goals possible for them.
- **Advocate Honor** Prominently discuss the importance of character, ethics and sportsmanship in materials about the athletic program and vigorously advocate the concept of pursuing victory with honor in all communications.
- **Good Character** Foster the development of good character by teaching, enforcing, advocating and modeling (T.E.A.M.) high standards of ethics and sportsmanship and the six pillars of character.
- **Role-Modeling** Be a worthy role-model, always be mindful of the high visibility and great influence you have as a teacher-coach and consistently conduct myself in private and coaching situations in a manner that exemplifies all I want my student-athletes to be.
- **Personal Conduct** Refrain from profanity, disrespectful conduct, and the use of alcohol or tobacco in front of student-athletes or other situations where my conduct could undermine my positive impact as a role model.
- **Competence** Strive to improve coaching competence and acquire increasing proficiency in coaching principles and current strategies, character-building techniques, and first-aid and safety.
- **Knowledge of Rules** Maintain a thorough knowledge of current game and competition rules and assure that my student-athletes know and understand the rules.
- **Positive Environment** Strive to provide a challenging, safe, enjoyable, and successful experiences for the athletes by maintaining a sports environment that is physically and emotionally safe.
- **Safety and Health** Be informed about basic first aid principles and the physical capacities and limitations of the age-group coached.
- **Unhealthy Substances** Educate student-athletes about the dangers and prohibit the use of unhealthy and illegal substances including alcohol, tobacco and recreational or performance-enhancing drugs.
- **Eating Disorders** Counsel students about the dangers of and be vigilant for signs of eating disorders or unhealthy techniques to gain, lose or maintain weight.

- **Physician's Advice** Seek and follow the advice of a physician when determining whether an injured student-athlete is ready to play.
- **Privilege to Compete** Assure that student-athletes understand that participation in interscholastic sports programs is a privilege, not a right and that they are expected to represent their school, team and teammates with honor, on and off the field. Require student-athletes to consistently exhibit good character and conduct themselves as positive role models.
- **Self-Control** Control my ego and emotions; avoid displays of anger and frustration; don't retaliate.
- **Integrity of the Game** Protect the integrity of the game; don't gamble. Play the game according to the rules.
- **Enforcing Rule** Enforce this Code of Conduct consistently in all sports-related activities and venues even when the consequences are high.
- **Protect Athletes** Put the well being of student-athletes above other considerations and take appropriate steps to protect them from inappropriate conduct.
- **Access** Help make your sport accessible to all diverse communities.
- **Improper Commercialism** Be sensitive to and avoid unwholesome commercialism including inappropriate exploitation of my name or the name of the school and undue financial dependence on corporate entities. Make sure any affiliation or association with a corporate entity is approved by school and district officials.

FAIRNESS

- **Fair and Open** Be fair in competitive situations, selecting a team, disciplinary issues and all other matters; and be open-minded and willing to listen and learn.

CARING

- **Safe Competition** Put safety and health considerations above the desire to win; never permit student-athletes to intentionally injure any player or engage in reckless behavior that might cause injury to themselves or others.
- **Caring Environment** Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team

CITIZENSHIP

- ***Honor the Spirit of Rules*** Observe and require student-athletes to observe the spirit and the letter of all rules including the rules of the game and those relating to eligibility, recruitment, transfers, practices and other provisions regulating interscholastic competition.
- ***Improper Gamesmanship*** Promote sportsmanship over gamesmanship; don't cheat. Resist temptations to gain competitive advantage through strategies or techniques (such as devious rule violations, alteration of equipment or the field of play or tactics designed primarily to induce injury or fear of injury) that violate the rules, disrespect the highest traditions of the sport or change the nature of competition by practices that negate or diminish the impact of the core athletic skills that define the sport.

I have read and understand the requirements of this Code of Conduct. I will act in accord with this code. I understand that school (and district) officials as well as league and section officials will and should expect that I will follow this code.

Teacher-Coach Signature

Date

“Pursuing Victory With Honor” and the “Six Pillars of Character” are service marks of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics. For more information on promoting character education and good sportsmanship, visit www.charactercounts.com.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3279 _____ Coach _____
ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

Coach _____
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Bonita Unified School District _____ 01551 _____
Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____
115 W. Allen Ave. _____ Jacqueline Villegas _____
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____
San Dimas _____ CA 91773 _____ (909) 971-8200 _____
City _____ State _____ ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Date of Birth _____ Sex Male Female Nonbinary/Unspecified

Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth (State or Country) _____ Social Security Number _____

Home Address _____ Street Address or P.O. Box _____

Driver's License Number _____

Billing Number _____
(Agency Billing Number)

Misc. Number _____
(Other Identification Number)

City _____ State ZIP Code _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ Applicant Signature _____ Date _____

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____ Original ATI Number _____
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____

Memorandum

**BONITA UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEVELOPMENT**

TO: Applicant
FROM: Human Resources Development
SUBJECT: CIF Coaching Education Class

The new CIF rules mandate that all coaches, paid or volunteer, complete and pass the CIF Coaching Education Class. You may coach ONE sport season without this certification, this will allow you time to complete the course.

Coaches can go on their own to www.nfhslearn.com and take the Fundamentals of Coaching course or you can try to find a school that offers this class. Once completed you will be registered as being certified, you will also receive a certificate of completion.

If you have any questions regarding this procedure, please contact your athletic director at the school site.

Please acknowledge receipt of this letter with signature and date and return to Ananda Kohler, District Office, HRD.

Signature

Print Name

Date



POMONA VALLEY HEALTH CENTERS

Affiliated with Pomona Valley Hospital Medical Center

Open everyday 365 days a year
Monday-Friday 8am - 8pm
Weekends & Most Holidays 9am - 5pm

Claremont Urgent Care
1601 Monte Vista Avenue, #190
Claremont, CA 91711
(909) 865-9977 • Fax (909) 946-0166

Chino Hills Crossroads Urgent Care
3110 Chino Avenue, #150-B
Chino Hills, CA 91709
(909) 630-7868 • Fax (909) 630-7869

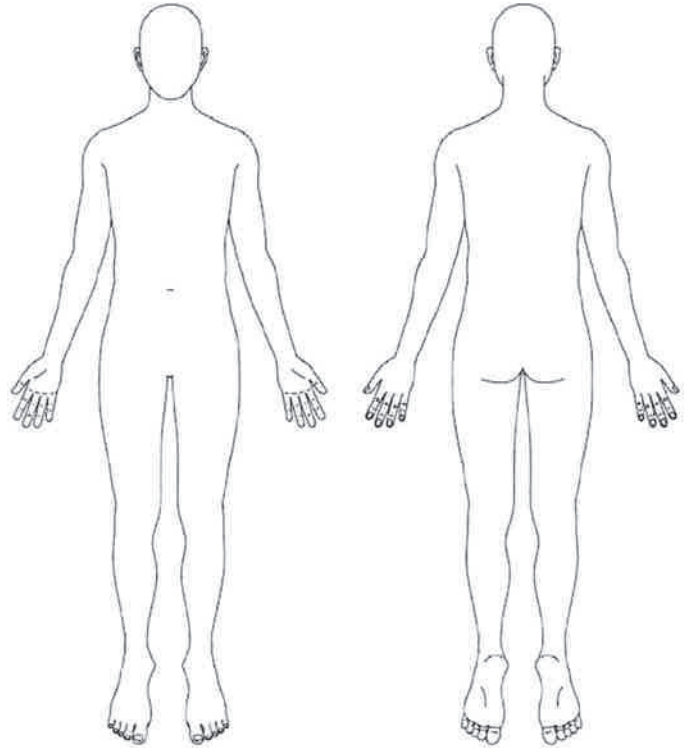
La Verne Urgent Care
2333 Foothill Blvd., Ste. C
La Verne, CA 91750
(909) 392-6511 • Fax (909) 392-6512

EMPLOYER ADVANTAGE

We truly value the health of your employees

Patient name:
Employer: Bonita Unified School District
Address: 115 W. Allen Avenue
San Dimas, CA 91773
Phone: (909) 971-8200
W/C Ins Co.:
Address:
Phone:
Authorized by: Jane Lamb
Title: Administrative Assistant, HR
Signature: [Handwritten Signature]
Date:
Occupation:
Date of injury or appointment:

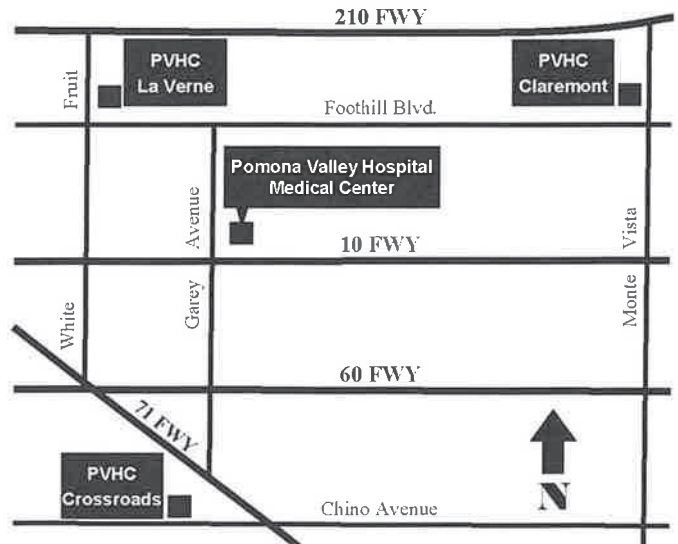
Please circle where the employee was injured on the diagram below.



Our Occupational Medicine services are located in our Claremont, Chino Hills Crossroads and La Verne Urgent Care locations. Look for the Urgent Care entrance.

AFTER HOURS INJURIES

When our offices are closed, please direct all injured employees to the Pomona Valley Hospital Medical Center located at 1798 N. Garey Avenue in Pomona. Give your employee a completed Pomona Valley Health Center authorization slip to initiate treatment. Follow up care will continue at either of our Urgent Care offices. If the employee is unconscious, bleeding badly or not breathing properly, call 911 immediately.



Work Related Injury
Bill W/C carrier
Bill employer
Drug Screens
Pre-placement
Non-regulated
DOT/DMV/Federal
B.A.T.
Physical Exams
Pre-placement/Pre-employment
DOT/DMV
Fit for duty exam (return to work)
Vision test
Chest X-ray
Audiogram
Immunizations
PFT
Lifting Test
TB Skin Test
Lab Work
Risk Assessment TB Questionnaire

Other:
Comments:

Is employee a temp or leased? Yes No

Leasing company name & phone:

Phone authorization by: PVHC Associate

Date & time:

BONITA UNIFIED SCHOOL DISTRICT

115 W. Allen Avenue
 San Dimas, CA 91773
 (909) 971-8340



APPLICATION FOR EMPLOYMENT

PRINT LEGIBLY IN BLUE OR BLACK INK.

Date available: _____

Name: _____		
Last	First	Middle
Address: _____		
Number	Street	

City	State	Zip
Social Security #: _____		Telephone #: _____
Email Address: _____		

Experience: Please list your last three positions starting with the most recent.

Total Yrs.	Mos.	Employer Name/Address	Phone
Dates From	To		Supervisor
Job title			Salary
Duties			Reason for leaving
Total Yrs.	Mos.	Employer Name/Address	Phone
Dates From	To		Supervisor
Job title			Salary
Duties			Reason for leaving
Total Yrs.	Mos.	Employer Name/Address	Phone
Dates From	To		Supervisor
Job title			Salary
Duties			Reason for leaving

Education: Circle highest year completed or appropriate certificate.

	HIGH SCHOOL	COLLEGE/UNIVERSITY	CURRENT CERTIFICATIONS:
SCHOOL NAME			
YEARS COMPLETED	9 10 11 12	1 2 3 4	
DIPLOMA/DEGREE	Yes - No	Yes - No	
COURSE OF STUDY			

Applicant must complete both sides of application

Bilingual Skills (Circle appropriate ability)

Language:	Speak	Read	Write
Language:	Speak	Read	Write

Please answer all questions below with explanations, if requested. An adverse answer does not disqualify you from consideration, but may be discussed with you by the Assistant Superintendent of Human Resources.

A. As an adult, have you ever been convicted of an offense other than a minor traffic violation?

If yes, give date, place, offense, and fine or sentence in each instance:

YES NO

B. Have you ever been discharged or forced to resign from a job?

If yes, give name of employer and explain situation:

YES NO

C. Are you related to or know any present employee of this district?

If yes, state name and relationship:

YES NO

D. Have you ever been employed by this district?

If yes, give job title, location and dates employed:

YES NO

E. May we contact your present employer?

YES NO

F. Can you provide documents to verify your identity and authorization to work in the United States?

YES NO

Documents may include, but are not limited to: Birth Certificate or Social Security Card and Driver's License; Citizenship or Naturalization certificate; Passport or Alien registration card; other approved documents.

G. Do you know of any reason why you cannot perform the essential functions of the job for which you are applying, with or without reasonable accommodations?

YES NO

Please describe any accommodations required below.

H. Are you a member of CalPERS retirement system?

YES NO

If yes, Are you currently receiving retirement benefits from a public retirement system?

YES NO

If yes, state the name of the retirement System _____

If you require special accommodation for testing or interviews due to a disability, please inform us by the end of the filing period so we may meet your needs.

Applicant's Declaration

I declare that the information in this application is true and correct to the best of my knowledge and I authorize the investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I understand that I will be subject to disqualification or dismissal if any statement in this application is found to be untrue.

Note: Employees are required to have their fingerprints processed, take a Mantoux TB test and file the results with the school district.

Offers of employment may be made contingent upon the passage of a physical examination.

Signature

Date



BONITA UNIFIED SCHOOL DISTRICT

Time of Hire Notice

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin or getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your hand, back, or other part of your body from doing the same repeated motion or losing your hearing because of constant loud noise

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

- **Temporary Disability (TD) benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary Disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent Disability (PD) benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation
- **Supplemental Job Displacement Benefits (SJDB):** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, **within 60 days** after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Return-to-Work Supplemental Program (RTWSP):** For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: <https://www.dir.ca.gov/RTWSP/RTWSP.html>
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.



OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

Company: Sedgwick

Address: P.O. Box 14450, Lexington, KY 40512-4450

Phone: (866) 640-8069

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for treatment.



Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility: **Pomona Valley Urgent Care**

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within **one working day** of receiving the **DWC 1 claim form**. If the injury is from repeated exposures, you have **one year** from when you realized your injury was job related to file a claim.

In either case, you may receive up to **\$10,000** in employer-paid medical care until your claim is either accepted or denied. The claims administrator has **up to 90 days** to decide whether to accept or deny your claim. Otherwise, your case is presumed payable. Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have a MPN.

What is a Medical Provider Network (MPN)?

A MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using a MPN. If you have not named a doctor before you get hurt and your employer is using a MPN, you will see a MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.



You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this notice. After you fill in the form, be sure to give it to your employer. If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing before you get hurt. You may use the form included in this notice. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit. All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free. To contact the nearest I&A Unit, go to <https://www.dir.ca.gov/dwc/ianda.html> or call **1-800-736-7401**.

The nearest I&A Unit is located at:

Address: 732 Corporate Center Drive, Pomona, CA 91768

Phone number: (800) 736-7401 or (909) 623-8568

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1-415-538-2120** or go visit their website at www.californiaspecialist.org. You may also get a list of attorneys from your local I&A Unit by calling **1-800-736-7401**.

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

You may also have other rights under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA). For additional information, contact California Civil Rights Department (CRD) at 1-800-884-1684 or the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000.

The information contained in this notice conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation Administrative Director.

Please visit the Division of Workers' Compensation website at: www.dwc.ca.gov or call 1-800-736-7401

Department of Industrial Relations
1515 Clay Street, 17th Floor
Oakland, CA 94612





sedgwick[®]
caring counts

The Facts About Workers' Compensation

Sedgwick
P.O. Box 14153
Lexington, KY 40512-4153
Phone (800) 922-5020
Fax (859) 264-4062

Approved by Division of Workers' Compensation

Notice Of Personal Chiropractic Or Personal Acupuncturist

If your employer or your employer's insurer does not have a Medical Provider Network (MPN), you may be able to change your treating physician to your personal chiropractor (D.C.) or acupuncturist (L.A.C.) following a work-related injury/illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal D.C. or L.A.C. in writing prior to the injury/illness. Sedgwick generally has the right to select your treating physician within the first 30 days after your employer knows of your injury/illness. After your employer or Sedgwick has initiated your treatment with another physician during this period, you may then, upon request, have your treatment transferred to your personal D.C. or L.A.C. You may use this form to notify your employer of your personal D.C. or L.A.C., or your employer may have their own form. The D.C. or L.A.C. must be your regular D.C. or L.A.C. who has directed your treatment and retains your chiropractic records and history. If your employer has an MPN, you may only switch to a D.C. or L.A.C. within the MPN. A chiropractor cannot be your treating physician after 24 visits. If you still require medical treatment thereafter, you will have to select a physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

Name of chiropractor or acupuncturist (D.C., L.A.C.) _____
 (street address, city, state, zip code) _____
 (telephone number) _____
 Employee Name (Please Print): _____
 Employee's Address: _____
 Employee's Signature: _____
 Date: _____
 Title 8, California Code of Regulations, section 9783.1
 (Optional DWC Form 9783.1 Effective date July 1, 2014)

WHEN A WORK INJURY OCCURS...

- Quickly seek first aid.
- Call 9-1-1 for help immediately if emergency medical care is needed.
- Immediately report injuries to your supervisor or employer representative at _____

Information & Assistance Office: _____

Employer MUST complete this information

© 7/11/14 SEDGWICK All rights reserved

Pre-designation Of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury/illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) or medical group if: You have health care insurance for injuries/illness that are not work related, the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records; your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries; prior to the injury your doctor agrees to treat you for work injuries or illnesses; prior to the injury you provided your employer the following in writing (1) notice that you want your personal doctor to treat you for a work-related injury/illness; and (2) your personal doctor's name and business address.

You may use this form, a form provided by your employer or provide all the information in writing to notify your employer if you wish to have your personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury/illness and the above requirements are met.

Notice Of Pre-designation Of Personal Physician Employee: Complete this section

Employer _____
 If I have a work-related injury or illness, I choose to be treated by:
 (Name of doctor) (M.D., D.O., or medical group) _____
 (street address, city, state, zip) _____
 (telephone number) _____
 Employee Name (please print): _____
 Employee's Address: _____
 Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____
 Employee Signature: _____ Date: _____

Note to Employee: Unless you agree in writing, neither your employer or Sedgwick may contact your personal physician to confirm a pre-designation. If your physician does not sign this form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree, your employer or Sedgwick may contact your personal physician to confirm this pre-designation, sign and date below:

Employee Signature: _____
 Employee # _____ Date: _____
 Physician: I agree to this Pre-designation: _____
 Signature: _____ Date: _____

(Physician or Designated Employee of the Physician)
 The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3). (Optional DWC Form 9783 July 1, 2014)

What is workers' compensation? Its purpose is to insure that an employee who is found to sustain an industrial injury or illness will be provided with benefits to medically care or relieve them from the effects of the injury/illness; provide temporary compensation when they are medically unable to perform any occupational function, compensation for any residual handicap and/or impairment of bodily function, benefits for dependents if an employee dies as a result of an injury/illness, protection from discrimination by his/her employer because of the injury/illness.

Am I Covered? Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. Sedgwick is your employer's claims administrator. Your employer or Sedgwick can answer any questions you might have about coverage.

What Does Workers' Compensation Cover? If you have an injury/illness due to your job, it is covered. The cause can be a single event, like a fall or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from first-aid to serious accidents are covered. Even injuries related to workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered. Check with your employer or Sedgwick if you have questions. Coverage begins the moment you start your job. There is no probationary period or wage rate.

Duty Of The Employee. Immediately notify your employer or Sedgwick so you can get the medical help that you need without delay. If your injury is greater than a first-aid injury, your supervisor will give you a Claim Form (Form DWC-1) for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the DWC-1. Keep one copy of this form and give the remaining pages to your supervisor. Your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another to Sedgwick. Sedgwick is in charge of handling your claim and informing you about your eligibility for benefits.

Your claim benefits do not start until your employer knows about your injury, so report and file the DWC-1 as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your Claim Form. Employers are liable for up to \$10,000 in treatment pending a decision by Sedgwick for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work related, or the date benefits were last provided.

Duty of the Employer: Provide this form to every employee at the time of hire or by the end of their first pay period.

Within one working day, upon knowledge or notice from any source of a work injury/illness greater than first-aid, provide the employee with a Claim Form (DWC-1) and authorize medical treatment and report the claim to Sedgwick.

What are the benefits? You may be entitled to various kinds of benefits under California workers' compensation law including:

Medical Care: Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of the injury/illness. There is no deductible or co-payment. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor.

State law limits certain medical services as of January 1, 2004. You should never receive a medical bill. If additional treatment is necessary, Sedgwick will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly to Sedgwick so your benefits can be paid.

The physician with overall responsibility for treating your injury/illness is your primary treating physician (PTP). The PTP decides what kind of medical care you need and if you have work restrictions. If necessary, the PTP will review your job description with you and your employer to define any limitation or restrictions that you may have. This doctor also is responsible for coordinating care between other medical providers and will write reports about any permanent impairment of bodily function(s) or the need for future medical care. Generally, your employer selects the PTP. You will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or Sedgwick. They're as interested as you are in your prompt recovery and return to work and will select a different doctor for you. If your employer has a Medical Provider Network (MPN) you will be directed to treat with a physician within the MPN and different rules apply regarding changing your physician.

You can be treated by your personal physician or medical group immediately if you have health care insurance for injuries or illness that are not work related, and your physician agrees in advance to treat you for any work injuries/illnesses and has previously directed your treatment and retains your medical records and agrees, prior to your injury/illness, to treat you for workplace injuries/illnesses and you gave your employer your physician's name and address in writing before the injury. You may use the form inside of this pamphlet or your employer may have a form for you to use.

If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected physician first.

Temporary Disability Benefits: If you are not medically able to work for more than three days due to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages.

After two weeks from reporting the injury, you will receive a check. If your employer has a salary continuation plan, your benefit may be included in your regular paycheck. TD is payable every 14 days until the doctor states you can return to work. (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or unable to work more than 14 days). The amount of the payments will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the TD payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 compensable weeks within five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can last up to 240 weeks within five years from the date of injury. If you reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary. See the "Other Benefits" section of this pamphlet for additional information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

Permanent Disability: If your doctor says your injury will always leave you with some permanent impairment of bodily function(s), you may receive permanent disability (PD) payments. The amount depends on the doctor's report, how much of the PD was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law determines minimum and maximum amounts, and they vary by injury date. If you are entitled to PD,

Sedgwick will send you a letter explaining how the benefit was calculated. If the injury causes PD, the first payment of PD benefits is made within 14 days after the last payment of TD, unless your employer has offered you a position that pays at least 95% of your date of injury wages or if you are returned to a position that pays you 100% of the wages and compensation paid to you on the date of injury, the PD would be paid after an Award issues.

Supplemental Job Displacement Benefit (SJDB): If you have a permanent whole person impairment, the eligibility for SJDB begins when your employer does not offer regular work, permanent, modified, or alternative work within 60 days of the receipt of a doctor's Medical Maximum Improvement (MMI) report. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools, tools, licensing, certification fees and other resources as possible benefits, if you qualify for the supplemental job displacement benefit. Sedgwick will provide a voucher up to a maximum of \$6,000.

Death Benefits: If the injury/illness causes death, payments may be made to your dependents. State law sets these benefits and the total benefit depends on the number of dependents. The payments are made at the same rate as TD payments. In addition, workers' compensation provides a burial allowance.

Discrimination: It is a violation of Labor Code Section 132(a) and illegal for your employer to punish or fire you for having a workplace injury/illness, for filing a claim or for testifying in another person's workers' compensation case. If your employer is found guilty of discrimination, you would be entitled to increased benefits, reinstatement and reimbursement for lost wages and benefits.

Other Benefits: Sometimes people confuse workers' compensation with State Disability Insurance (SDI). Workers' compensation covers on-the-job injuries/illnesses and is paid for by your employer or their insurance. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information.

You may be eligible to access the return-to-work fund, for the purposes of making supplemental payments to injured workers whose PD benefits are disproportionately low in comparison to their earnings loss. If you have questions or think you qualify, contact the Information & Assistance office listed in this pamphlet or visit the DIR website at: www.dir.ca.gov.

If You Still Have Questions... ask your supervisor or employer representative. Or contact Sedgwick at the number indicated on workers' compensation posters at work and on this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance Officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed below and posted at your workplace. You can also call 800-736-7401 or visit the DWC website at: <http://www.dir.ca.gov/dwc>.

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Fines can be up to \$150,000 and imprisonment up to five years.



Complete Written Employee Notification
WellComp MPN
MPN Identification Number: 2387

Access to Medical Care

This notice contains important information on accessing the WellComp MPN (referred herein as "WellComp")

- Find out if you are covered
- Access medical care
- Learn about continuity of care
- Choose your own physician
- Transfer into the WellComp network ✓ Contact WellComp

Welcome to WellComp

Your employer has selected WellComp as your medical provider network (MPN), to provide you with the choice of a broad scope of medical services for work-related injuries and illnesses.

WellComp's exclusive network of healthcare providers each have a thorough understanding of the California workers' compensation system and its potential impact on you. The state of California has approved the WellComp MPN to cover your workers' compensation medical care needs. If you suffer an injury or illness on or after your employer's MPN implementation date and you have not predesignated a personal physician, you are automatically covered by the WellComp MPN.

Initial Care

In case of an emergency, you should call 911 or go to the closest emergency room.

If you experience a work-related injury or illness, immediately notify your supervisor and obtain medical authorization from your employer to designate an initial care provider within the network. If you are unable to reach your supervisor or employer, please contact the patient services department at WellComp. For non-emergency services, the MPN must ensure that you are provided an appointment for initial treatment within 3 business days of your employer's or MPN receipt of request for treatment within the MPN.

Subsequent Care

If you still need treatment following your initial evaluation, you may be treated by a physician of your choice, or the initial physician may refer you to a medically and geographically appropriate specialist within the network who can provide the appropriate treatment for your injury or condition. Your employer is required to provide you with at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on your occupation or industry. These physicians will be available within 30 minutes or 15 miles of your workplace or residence and specialists will be available within 60 minutes or 30 miles of your residence or workplace. For a directory of providers, please visit www.WellComp.com or call WellComp Patient Services.

Emergency Care

In an emergency, defined as a medical condition starting with the sudden onset of severe symptoms that without immediate medical attention could place your health in serious jeopardy, go to the nearest healthcare provider regardless of whether they are a WellComp participant. If your injury is work-related, advise your emergency care provider to contact WellComp to arrange for a transfer of your care to a WellComp provider at the medically appropriate time.

Hospital and Specialty Care

Your primary treating physician in the WellComp network can make all of the necessary arrangements and referrals for specialists, inpatient hospital, outpatient surgery center services, and ancillary care services.

Choosing a Treating Physician

If you still require treatment after your initial evaluation with your employer's designated provider, you may access the WellComp Directory and select an appropriate physician of your choice who can provide the necessary treatment for your condition or illness. For assistance determining physician options, please contact the Medical Access Assistant in the WellComp Patient Services Department or discuss your options with your initial care provider.

Physicians who provide only tele-health services will not be counted when determining if an MPN has met access standards, if the injured covered employee does not consent to see the tele-health physician. The physician, who provides only tele-health services or also provides services at a physical location and tele-health, will be counted when determining if an MPN has met access standards, if the injured covered employee consents to see the tele-health physician. The physician, who provides only tele-health services or also provides services at a physical location and tele-health, will not be counted when determining if an MPN has met access standards, if the injured covered employee retracts consent to received tele-health services prior to delivery of tele-health treatment. The physician who provides both physical location and tele-health services will be counted under the access standards if the physician's physical location is within the required access standards in accordance with 8 CCR 9767.5(a)(1) and (a)(2).

Scheduling Appointments

If you are having difficulty scheduling an appointment with your initial provider or subsequent provider, please contact the Medical Access Assistant in the WellComp Patient Services Department or your Claims Examiner.

Changing Primary Treating Physician

If you find it necessary to change your treating physician and it is determined that you require ongoing medical care for your injury or illness, you may select a new physician from the WellComp Directory and schedule an appointment. Once your appointment is scheduled, immediately contact WellComp Patient Services who will then coordinate the transfer of your medical records to your new provider.

Obtaining a Specialist Referral

If you continue to require medical treatment for your injury or illness, there are alternatives for obtaining a referral to a specialist:

- Your primary treating physician in the WellComp network can make all of the necessary arrangements for referrals to a specialist. This referral will be made within the network or outside of the network if needed.
- You may select an appropriate specialist by accessing the WellComp Directory.
- You may contact your Medical Access Assistants in the WellComp Patient Services who can help coordinate necessary arrangements.

If your primary treating physician makes a referral to a type of specialist not included in the network, you may select a specialist from outside the network.

For non-emergency specialist services, the MPN must ensure that you are provided an appointment within 20 business days of your employer's or MPN receipt of a referral to a specialist within the MPN.

Continuity of Care

What if I am being treated by a WellComp doctor and the doctor leaves WellComp?

Your employer has a written "Continuity of Care" Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in WellComp.

If you are being treated for a work-related injury in the WellComp network and your doctor no longer has a contract with WellComp, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- (Acute) A medical condition that includes a sudden onset of symptoms that require prompt care and has a duration of less than 90 days.
- (Serious or Chronic) Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- (Terminal) You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- (Pending Surgery) You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN contract termination date.

If any of the above conditions exist, WellComp may require your doctor to agree in writing to the same terms he or she agreed to when he or she was a provider in the WellComp network. If the doctor does not, he or she may not be able to continue to treat you.

If the contract with your doctor was terminated or not renewed by WellComp for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor. For a complete copy of the Continuity of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

Transfer of Ongoing Care

What if you are already being treated for a work-related injury before the WellComp network begins?

Your employer has a "Transfer of Care" policy which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the WellComp network. If your current treating doctor is a member of WellComp, then you may continue to treat with this doctor and your treatment will be under WellComp. If your current treating physician is not a participating physician within WellComp and you have not yet been transferred into the MPN, your physician can make referrals to providers within or outside the MPN. Your current doctor may be allowed to become a member of WellComp.

You will not be transferred to a doctor in WellComp if your injury or illness meets any of the following conditions:

- (Acute) The treatment for your injury or illness will be completed in less than 90 days.
- (Serious or Chronic) Your injury or illness is one that is serious and continues without full cure or worsens over 90 days. You may be allowed to be treated by your current treating doctor for up to one year from the date of receipt of the notification that you have a serious chronic condition.
- (Terminal) You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Treatment will be provided for the duration of the terminal illness.
- (Pending Surgery) You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.
- For a complete copy of the Transfer of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

Care Transfer Disputes

Notice of determination, from the employer or claims examiner, shall be sent to the covered employee's address and a copy of the letter shall be sent to the covered employee's primary treating physician. The notification shall be written in English and Spanish and use layperson's terms to the maximum extent possible. If WellComp is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above. Your treating physician shall provide a report to you within twenty calendar days of the request. If the treating physician fails to issue the report, then you will be required to select a new provider from within the MPN. If either WellComp or you do not agree with your treating doctor's report, this dispute will be resolved according to Labor Code Section 4062. You must notify WellComp Patient Services Department if you disagree with this report.

If your treating doctor agrees that your condition does not meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision. If your treating doctor believes that your condition does meet one of those listed above, you may continue to treat with him or her until the dispute is resolved.

Second Opinion, Third Opinion and MPN Independent Medical Review Process:

If you disagree with your doctor or do not like your doctor for any reason, you may always choose another doctor in the MPN.

Obtaining Second and Third Opinions

If you disagree with the diagnosis or treatment plan determined by your treating physician or your second opinion physician, and would like a second or third opinion, you must take the following steps:

- Notify your claims examiner who will provide you with a regional area listing of physicians and/or specialists within the WellComp network who have the recognized expertise to evaluate or treat your injury or condition.
- Select a physician or specialist from the list Within 60 days of receiving the list, schedule an appointment with your selected physician or specialist from the list provided by your claims examiner. Should you fail to schedule an appointment within 60 days, your right to seek another opinion will be waived.
- Inform your claims examiner of your selection and the appointment date so that we can ensure your medical records can be forwarded in advance of your appointment date. You may also request a copy of your medical records.
- You will be provided information and a request form regarding the MPN Independent Medical Review (MPN IMR) process at the time you select a third opinion physician.
- If the Second/Third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

If the 2nd/3rd opinion doctor agrees with your need for a treatment or test, you may be allowed to receive that recommended treatment or test from a provider inside or outside the MPN, including the 2nd or 3rd opinion physician.

Obtaining an MPN Independent Medical Review (MPN IMR)

If you disagree with the diagnosis or treatment plan determined by the third opinion physician, you may file the completed MPN Independent Medical Review Application form with the Administrative Director of the Division of Workers' Compensation. You may contact your claims examiner or the WellComp Patient Services Department for information about the MPN Independent Medical Review process and the form to request an MPN Independent Medical Review.

If the second opinion, third opinion or MPN IMR agrees with your treating doctor, you will need to continue to receive medical treatment with a network physician if the MPN contains a physician who can provide the recommended treatment. If the MPN IMR does not agree with your treating network physician, you will be allowed to receive that medical treatment from a provider either inside or outside of the WellComp network. Any physician chosen outside of the WellComp network must be within reasonable geographic area. The treatment or diagnostic test is limited to the recommendation of the MPN IMR.

Treatment Outside of the Geographic Area

WellComp has providers throughout California. If a situation arises which takes you out of the coverage area, such as temporary work, travel for work, or living temporarily or permanently outside the MPN geographic service area, please contact the WellComp Patient Services Department, your claims examiner, or your primary treating physician, and they will provide you with a selection of at least 3 approved out-of-network providers from whom you can obtain treatment or get second and third opinions from the referred selection of physicians.

Covered Medical Services:

The following is a summary of Workers' Compensation medical services available to employees covered by the WellComp network.

Primary treating and specialty services including consultations and referrals

Examples include general medical practitioners, chiropractors, dentists, orthopedists, surgeons, psychologists, internists, psychiatrists, cardiologists, neurologists.

Inpatient Hospital and Outpatient Surgery Center services

Examples include acute hospital services, general nursing care, operating room and related facilities, intensive care unit and services, diagnostic lab or x-ray services, necessary therapies.

Ancillary Care services

Examples include diagnostic lab or x-ray services, physical medicine, occupational therapy, medical and surgical equipment, counseling, nursing, medically appropriate home care, medication.

Emergency services Including Outpatient and Out of Area Emergency Care

Examples include outpatient and out-of-area emergency care.

WellComp Provider Directory

For more information about the MPN including access to a roster of all treating physicians and a roster of all participating providers in the MPN, go to www.WellComp.com where you can search by medical specialty, zip code, physician or provider group. For website assistance or to access a hard copy of the regional area listing and/or an electronic copy of the complete WellComp directory, please contact WellComp (your employer's designated medical provider network administrator).

Tele-Health Option

WellComp MPN has also made available providers who provide tele-health services. This service is optional and visible on our website designated by TH in the search results or using the Tele-Health search option. You may also call the network for assistance in finding a tele-health provider/and or facilitating an appointment. Our complete Tele-Health policy is visible on our website downloads.

Prior to delivery of health care via tele-health, the health care provider initiating the use of tele-health shall obtain verbal or written consent from the patient (Injured Covered Employee) for the use of tele-health as an acceptable mode of delivering health care services and public health. The consent shall be documented. (Pursuant to Business and Professions Code section 2290.5b)

WellComp Information

If you have questions or complaints about WellComp MPN, you may reach the MPN contact or WellComp Patient Services toll-free at (800) 544-8150. WellComp has individuals available to answer questions, provide website assistance, and generate provider listings. Medical Access Assistants (MAAs) are available to assist with finding an MPN physician of your choice, including scheduling and confirming

physician appointments. MAA's are available 7am to 8pm Pacific Standard Time, Monday through Saturday at the contact information below:

CareWorks Managed Care Services

8855 Haven Avenue
Rancho Cucamonga, CA 9173
Toll Free (800) 544-8150
Fax: (888) 620-6921
Email: info@WellComp.com

BONITA UNIFIED SCHOOL DISTRICT

I have received the WellComp Medical Provider brochure along with the Facts about Workers' Compensation brochure.

Print Name: _____

Signature: _____

Date: _____

Memorandum

BONITA UNIFIED SCHOOL DISTRICT HUMAN RESOURCES DEVELOPMENT

TO: Walk-on Coach
FROM: Human Resources Development
SUBJECT: District Policies

We are pleased that you are joining the Bonita Unified School District. In this regard, we require all employees to sign certain formal documents regarding state laws and District policies.

Our reason for having you sign this letter is because as a walk-on coach, you will be working closely with students. From time to time, students may turn to you for guidance and assistance outside of the area of coaching. It is important you refer such students to qualified personnel, like their own counselor, for assistance. In addition, some students may turn to you for emotional support or guidance. Please do not take it upon yourself to provide assistance outside of the role and responsibility that you have as a coach. Remember that you are a professional and therefore you must act professionally at all times, both "on and off the field of play." Acting professionally means but is not limited to not dating your players or giving rides in your car before or after a game or practice. Do not put yourself in a compromising position or act inappropriately with any student.

We send this letter to you as a warning because from time to time, you will read in the newspaper about coaches who have engaged in unprofessional or even immoral conduct with students. Both criminal penalties and civil liability can and will be imposed when that happens. In addition, coaches can lose their teaching license or be ineligible from ever obtaining a teacher's license.

If you have any questions or need assistance with this important issue, please contact the athletic director at your school. You may also contact the Human Resources Department at 909-971-8200.

As a part of the hiring process, I have received and have read a copy of this letter.

Signature

Print Name

Date



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 FAX (909) 971-3829

CONTACT DATA

(Print Legibly)

Social Security Number _____ - _____ - _____

Prefix _____
(Mr., Mrs., Miss)

Suffix _____
(Jr., Sr.)

Last Name _____ First Name _____ MI _____

Current Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____

Cell Phone Number _____

Email Address _____

Name of Emergency Contact _____

Relationship _____

Emergency Contact Phone Number _____

Office Use Only:

Access ID # _____



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 FAX (909) 971-3829

OATH OF ALLEGIANCE

"I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter."

Signature of Employee _____
(Payroll Name)

Subscribed and affirmed to before me this _____ day of _____, 20_____

Signature of Employer

Position



Child Abuse Mandated Reporter Training

As a condition of employment, each new employee is required to provide proof of Child Abuse Mandated Reporter Training per California Education Code 44691 (b) (2).

To complete the Child Abuse Mandated Reporter Training:

Go to: www.do.bonita.k12.ca.us

- Under the “District” tab, click “Human Resources”
- Under “Helpful Links” click: *Child Abuse Mandated Reporter Training*
- Start the training

Once you have completed and passed the training, an email with the Certification of Completion Certificate will be sent to you. This certificate **must** be uploaded with your employment packet.



Coach Education
www.nfhslearn.com

The NFHS proudly offers **Concussions in Sports - What You Need to Know**, a free online course designed to educate coaches, officials, parents and students on the importance of proper concussion recognition and management in high school sports. The course meets new legislation, Assembly Bill 1451, requiring California Interscholastic Federation (CIF) high school coaches receive training every two years on recognizing the signs of concussions.

Concussion Course

Course Directions: Log into www.nfhslearn.com and search under courses and free courses. Click on the **Concussion in Sports – What you need to know** course. You must log in and create an account. If you already created an account with the coaching course, the account log in is the same.

Course Overview: Sports-related concussion in high school sports can be serious or even life-threatening situations if not managed correctly. National Federation of State High School Associations (NFHS) and Centers for Disease Control and Prevention (CDC) have teamed up to provide information and resources to help educate coaches, officials, parents and students on the importance of proper concussion recognition and management in high school sports. In this course you will understand the impact sports-related concussion can have on your players, how to recognize a suspected concussion, the proper protocols to manage a suspected concussion, and steps to help your player return to play safely after experiencing a concussion.

Course Outline:

Unit 1: Concussion Overview
Unit 2: The Problem
Unit 3: Your Responsibility
Unit 4: Review

Course Certificate:

Course completion will be verified with a certificate after completion. Please print and return the certificate with coaching materials.

Coach Welcome & Clearance Checklist

Welcome to Bonita Unified! Before you can officially step onto the field or court with our student-athletes, state law (**SB 848**) requires us to verify your employment history with any previous school-related employers in California.

The Golden Rule: You are not fully "cleared" to coach until all your previous employers have responded to our verification request.

Step 1: Your Action Item

We use an online portal to manage these state-mandated verifications. Please complete this as soon as possible to avoid delays in your start date.

- **Portal Link:** Verifent.com
 - **What to do:** Instructions on following page
-

Step 2: Understanding the Timeline

- **Live Scan vs. Employment Verification:** Even if your fingerprints (Live Scan) come back clean, you are still "Pending" until the employment forms are returned.
 - **Supervision:** Until you receive a "Final Clearance" email from HR, you cannot be alone with students or lead practices independently.
 - **Your Help:** If a previous employer is slow to respond, we may ask you to give them a friendly nudge!
-

Acknowledgment & Signature

I've read the above and understand that my coaching status is **Conditional** until my employment history is fully verified. I'll get my portal account set up and requests sent out immediately.

Coach Signature: _____

Date: _____

Printed Name: _____



DashHire - Experience Verifications and AB2534 & SB848 Requests Message to New Hires

We utilize Verifent for Experience Verification requests to streamline the process and for data security.

1. Preparation – You will need the following:

- An employee account with Verifent. [Register](#) to create an account or [login](#) if you already have one. See the [Employee Registration](#) guide for in-depth instructions.
- Complete list of applicable current/former employers including:
 - Organization Name
 - Contact email address and phone number
 - See the [Request an Experience Verification](#) guide for in-depth instructions.

2. Initiating the Request

- Complete your **'Contact Info'** under the 'Resume' tab before initiating your request to prevent manually entering information each time.

Hiring Entity

- Click **'Start Experience Verification'** OR click **'Get Verified'** and then click **'Experience Verification'**.
- Begin typing and select Bonita Unified School District - CA
- Click **'Save Hiring Entity'**

Enter Your Information

- Fill in your personal details if you did not complete your Profile and click **'Next'**

Choose Your Forms

- Check the boxes for the type(s) of verification needed
 - Ensure the Egregious Misconduct & Release Authorization Form - AB2534 & SB84 is selected
- Click **'Next'**

Add Former Employers

- Click **'Choose Former Employer(s)'**
- Search for and select each former employer
- If not found, type and select **'Former Employer Not Found'** from the drop-down. Then, enter the employe's details.
- Add all previous employers, then select your **most recent one**, if prompted.
- Click **'Next'**

Sign and Submit

- Sign electronically, type your name, and click **'I Agree – Continue'**
- Review the summary and click **'Next'** to submit

3. Assistance Needed

- Review [Knowledge Center Articles](#) for comprehensive instructions.
- Reach out to Verifent Support if you need additional assistance via chat (located at the bottom right-hand corner of your screen) or by sending an email to support@verifent.com

