



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(512) 804-4000 | F: (512) 804-4001 | (800) 252-7031 | TDI.texas.gov | @TexasDWC

Designated Doctor Certification Training
Prerecorded Video Presentations

Use this form to attest that you have viewed the prerecorded video presentations required for DD Certification and Recertification required by Texas Administrative Code Sections 127.100 and 127.110.

Please complete and return within three days of viewing all the presentations by email to opc@tdi.texas.gov or fax to 512-490-1040.

I, _____ attest that I have viewed the prerecorded
(print name)
video presentations required for DD Certification and Recertification, as required by Texas Administrative Code Sections 127.100 and 127.110, listed below in their entirety.

Table with 2 columns: Presentation, Date Viewed. Rows include Texas Workers' Compensation DD Process Overview, Extent of Injury, Return to Work and MDGuidelines, Maximum Medical Improvement and Official Disability Guidelines (ODG).

I understand and agree that any material misstatement or omission may result in delay, denial, revocation or immediate suspension or termination of certification.

Signature License Number Date