State of New York - Workers' Compensation Board

Medical Treatment Guidelines Continuing Legal Education Program DVD Order Form

Please complete the following information to request a DVD of the Medical Treatment Guidelines recorded program.
(This program is no longer eligible for CLE credit.)

1. * **Your Name**:

_____ _____
First Name *Last Name*

2. **Name of the law firm, insurance carrier, or governmental agency**, if you are associated with one:

_____

3. * **Your mailing address:**

_____ _____ _____ _____
Street Address *City* *State* *Zip Code*

4. * **Your day time telephone number:** (_____) _____ _____
ext.

The cost of the DVD is $15 which should be mailed with this form. Payment is by check or money order only payable to: Chair, Workers' Compensation Board. Cash will not be accepted.

Mail with payment to:

NYS Workers' Compensation Board
Publications Unit,
328 State Street
Schenectady, NY 12305-2318

The New York State Workers' Compensation Board is a subdivision of New York State Government. For your accounts payable process, the appropriate FEIN for the Chair, Workers' Compensation Board is 146013200.

Print Form