

NOTE TO REVIEWER

Request Type: Non-substantive change to a currently approved collection

Employing Agency: Office of Workers' Compensation Programs (OWCP)

Form Number/Name: OWCP-1168, Provider Enrollment Form

OMB/Expiration Date: 1240-0021, May 31, 2019

Justification:

We need to make minor change to the form:

On page 7, the title currently reads: "Provider Specialty Codes (Blocks 10c and 14d)" and would like to remove "and 14d" so the new title should read: "Provider Specialty Codes (Block 10c)"

Please see attached below:



This change does not materially impact the content, instructions, or the information being requested.