**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.