



North Dakota Workforce
Safety & Insurance

**ELECTRO MEDICAL DEVICE
CERTIFICATION REQUEST**
MEDICAL SERVICES DIVISION
SFN 54391 (10/2019)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

SECTION 1 – Injured employee's information			
Claim number	Injured employee's (First name)		(Last name)
Date of birth		Date of injury	
Address			
City	State	ZIP code	Telephone number
SECTION 2 – Medical provider information			
Ordering medical provider		Last date of service	
Address			
City	State	ZIP code	Telephone number
SECTION 3 – Therapist information			
Therapist's name		Facility	
Address			
City	State	ZIP code	Telephone number
SECTION 4 – Type of unit (medical provider prescription required)			
<input type="checkbox"/> TENS Unit	<input type="checkbox"/> Muscle Stimulator	<input type="checkbox"/> Combination Unit (Example: All stim)	
<input type="checkbox"/> Cervical Traction Unit		<input type="checkbox"/> Other	
Medical provider prescription attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION 5 – Shipping information (where to ship unit)			
Name			
Address			
City	State	ZIP code	
SECTION 6 – Comments			
SECTION 7 – WSI Internal use only			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Signature			

M5