

**INSTRUCTIONS TO OBTAIN  
WORKERS' COMPENSATION INFORMATION SYSTEM (WCIS) DATA  
WCIS Data Application**

The Division of Workers' Compensation (DWC) must approve data requests before data files can be purchased. DWC Research Unit staff is available to answer questions about the application. The following is the process to purchase Workers' Compensation Information System (WCIS) data files or tables:

Following is the process used to purchase Workers' Compensation Information System (WCIS) data files or tables:

1. Please complete and return the following documents to the DWC at the address below or email them to [WCIS@DIR.CA.GOV](mailto:WCIS@DIR.CA.GOV).
  - a. **DWC-FORM WCIS Data Application**
  - b. **Statement of Intended Use**
  - c. **Required Attachments**
2. If after DWC review it is determined that the data application is a one-time request and the data application does not require individually identifiable data, then the data application proceeds to step 5.
3. If after DWC review it is determined that the data application is not a one-time request and that the application does not require individually identifiable data, then the data applicant will be required to also submit a completed and signed **Memorandum of Understanding between the data applicant's institution (s) and the DWC**.
4. If after DWC review it is determined that the data application requires individually identifiable data, then the data applicant will also be required to complete, in order:
  - a. **An Institutional Review Board Approval Letter**
    - i. If Institutional Review Board (IRB) approval is required and you are either a University of California or non-profit educational institution, the DWC Research Unit will refer you to the Committee for the Protection of Human Subjects (CPHS) and their IRB approval process. You can access information about CPHS and their approval process by calling (916) 326-6660, by e-mailing [cphs-mail@oshpd.ca.gov](mailto:cphs-mail@oshpd.ca.gov), or by looking on their website, <http://www.oshpd.ca.gov/boards/cphs/>.
    - ii. If IRB approval is required and you are not a University of California (UC) or a non-profit educational institution, you can seek approval of your protocol by any IRB.
  - b. **A Completed and Signed Memorandum of Understanding between the data applicant's institution (s) and the DWC**.
5. DWC will send the applicant an invoice based on the cost estimate for fulfilling the data request. The current standard rate for processing a custom data request is \$85 per hour. Payment is required prior to the processing and release of the data.
6. Please make a check or money order payable to the California Department of Industrial Relations. Include a copy of the invoice with the check or money order, and mail it to the address listed below.

Department of Industrial Relations  
Division of Workers' Compensation  
Elihu Harris Building  
Attn: Alissa Huang  
P. O. Box 71010  
Oakland, CA 94612

**AGREEMENTS TO OBTAIN  
WORKERS' COMPENSATION INFORMATION SYSTEM (WCIS) DATA  
WCIS Data Application**

Approval of your WCIS data request requires that the following conditions be met. Failure to comply with these requirements or any breach of trust or failure to adhere to the directions of the Division of Workers' Compensation (DWC) will be grounds for revocation of access to WCIS data and may result in future denial of requests for access.

**Use of the Information:**

1. Data obtained via this application will only be used for the purposes described in the approved Statement of Intended Use, the Institution Review Board Approval Letter (IRB), and or, the completed and signed Memorandum of Understanding (MOU) and no other purpose.
2. To use WCIS data in any way other than as specified in the approved Statement of Intended Use, the IRB, and or, the MOU you must submit an amended Statement of Intended Use, the IRB, and or, the MOU to DWC for review and approval. Approval by the DWC is required **prior** to implementation of said changes.
3. If any proposed changes for the use of the information are denied, the original Statement of Intended Use, the IRB, and or, the MOU will be maintained by DWC.
4. The WCIS data you receive may not be posted to the Internet, re-sold, re-copied, re-assigned, transferred, shared, or otherwise released without **prior** approval from the DWC.
5. Any publication of aggregate data or research results/reports must include the following acknowledgements:
  - Acknowledgement of the California Department of Industrial Relations, Division of Workers' Compensation, Workers' Compensation Information System (WCIS) as the original source of the information.
  - A disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Industrial Relations, Division of Workers' Compensation.
  - If technical descriptions of the information are to be provided, those descriptions are to be consistent with those provided by the California Department of Industrial Relations, Division of Workers' Compensation.
6. Any report generated from confidential information shall be compiled in a manner that will not permit the identification of any individual.
7. Confidential information may not be used to locate or contact any person or disclose the identity of any person or persons without **prior** approval of the DWC.
8. Information will not be used for fraudulent purposes.



**State of California  
Division of Workers' Compensation  
WCIS Data Application**

This application must be approved by the Division of Workers' Compensation (DWC) Research Unit before applicable costs can be determined and information provided.

Please return completed application to: *Department of Industrial Relations  
Director's Office of Research, P. O. Box 71010, Oakland, CA 94612*

**STATEMENT OF INTENDED USE**

Attach a Statement of Intended Use. The Statement of Intended Use must include:

- a. A description of the project
- b. A listing of what record information is required.
  - i. For a list of available FROI/SROI, see Section L of the [FROI/SROI Guide](#).
  - ii. For a list of Medical Billing Data Elements for bills collected prior to April 6, 2016, see Section J of the [Medical Billing Release 1.1 Guide](#).
  - iii. For a list of Medical Billing Data Elements for bills collected on or after April 6, 2016, see Section VI of the [Medical Billing Release 2.0 Guide](#).
- c. A description of how the data will be used including but not limited to: any research methodologies that will be performed; and, any intended publications.
- d. Technical requirements for the data including but not limited to: data formatting, data transmission mechanism (DWC currently prefers SFTP)

**LIST OF USERS:** Please indicate names and e-mail addresses of all persons who will have access to the requested information, including IT support staff. If any users are contract staff, please so specify. If more space is needed, please attach on a separate sheet of paper.

NAME	E-MAIL	CONTRACT STAFF (Y/N)

**CONTACT INFORMATION/STEWARD OF THE INFORMATION:** The contact information below should pertain to the person who will be responsible for the safekeeping of the data files and all other materials obtained.

Name:		Date:	
Title:		Section/Unit:	
Street Address:			City:
State:	Zip Code:	Phone:	Fax:
E-Mail Address:			
<b>WCIS INFORMATION REQUESTED</b>			
Medical: Y/N	First Report of Injury (FROI): Y/N		Subsequent Reports of Injury (SROI) : Y/N

Statements of Agreement:

By signing this Agreement and Application, I agree to the terms in the Agreement to Obtain Workers' Compensation Information Data, and certify that the information I provided in the WCIS Data Application is true and correct.

User's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

For DWC Research Unit Use Only	
Complete application (Y/N): _____	Legality/appropriateness of proposed use (Y/N): _____
Security measures (Y/N): _____	
Best data source:	
YTD	
Cumulative	
Include amendments	
Attach file format to application, if applicable	
Special issues or concerns:	
Cost estimate:	
Application Complete (Y/N): _____	Date: _____

DWC Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_