



**DEPARTMENT OF LABOR**

Office of Workers' Compensation Programs

**Proposed Revision of a Currently Approved Information**

**Collection:** OWCP 1168 Provider Enrollment Form.

**[OMB Control No. 1240-0021]**

**AGENCY:** Office of Workers' Compensation Programs, (OWCP),  
Labor.

**ACTION:** Request for public comments.

**SUMMARY:** The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance request for comment to provide the general public and Federal agencies with an opportunity to comment on proposed collections of information in accordance with the Paperwork Reduction Act of 1995. This request helps to ensure that: requested data can be provided in the desired format; reporting burden (time and financial resources) is minimized; collection instruments are clearly understood; and the impact of collection requirements on respondents can be properly assessed. Currently, the **Office of Workers' Compensation Programs**, Department of Labor, (OWCP) is soliciting comments on the information collection for 1240-0021, OWCP 1168 Provider Enrollment Form.

**DATES:** All comments must be received on or before [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].

**ADDRESSES:** You may submit comment as follows. Please note that late, untimely filed comments will not be considered.

**Electronic Submissions:** Submit electronic comments in the following way:

- Federal eRulemaking Portal:

<https://www.regulations.gov>. Follow the instructions for submitting comments for WCPO-2026-0133. Comments submitted electronically, including attachments, to <https://www.regulations.gov> will be posted to the docket, with no changes. Because your comment will be made public, you are responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as your or anyone else's Social Security number or confidential business information.

- If your comment includes confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission.

**Written/Paper Submissions:** Submit written/paper submissions in the following way:

- Mail/Hand Delivery: Mail or visit DOL-OWCP, Office of Workers' Compensation: 200 Constitution Avenue, NW, Room S3524, Washington, DC 20210.
- OWCP will post your comment as well as any attachments, except for information submitted and

marked as confidential, in the docket at

<https://www.regulations.gov>.

**FOR FURTHER INFORMATION CONTACT:** Anjanette Suggs, Office of Workers' Compensation Programs (OWCP) at [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov) (email); (202) 354-9660 (phone).

**SUPPLEMENTARY INFORMATION:**

**I. Background**

The Office of Workers' Compensation Programs (OWCP) is the agency responsible for administration of the Federal Employees' Compensation Act (FECA), 5 U.S.C. 8101 et seq., the Black Lung Benefits Act (BLBA), 30 U.S.C. 901 et seq., the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA), 42 U.S.C. 7384 et seq., and the Longshore and Harbor Workers' Compensation Act, 33 U.S.C. 901 et seq. These statutes require OWCP to pay for appropriate medical and vocational rehabilitation services provided to beneficiaries. In order for OWCP's billing contractor to pay providers for these services with its bill processing system, providers must enroll with one or more of the OWCP programs that administer the statutes by submitting certain profile information, including identifying information, tax I.D. information, and whether they possess specialty or sub-specialty training. Form OWCP-1168 is used to obtain this information from each provider.

If this information is not obtained before the provider submits his or her first bill for payment, the bill payment process is substantially prolonged and increases the burden on providers. The regulations implementing the above statutes that OWCP administers permit the collection of information necessary to allow its billing contractor to process and pay bills submitted by providers of medical and vocational rehabilitation services. (20 CFR 10.801, 30.701, 725.704, 725.705 and 725.714).

## **II. Desired Focus of Comments**

OWCP is soliciting comments concerning the proposed information collection related to the OWCP 1168 Provider Enrollment Form. OWCP is particularly interested in comments that:

- Evaluate whether the collection of information is necessary for the proper performance of the functions of the Agency, including whether the information has practical utility;
- Evaluate the accuracy of CEO's estimate of the burden related to the information collection, including the validity of the methodology and assumptions used in the estimate;
- Suggest methods to enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the information collection on

those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Documents related to this information collection request are available at <https://regulations.gov>. Questions about the information collection requirements may be directed to the person listed in the FOR FURTHER INFORMATION section of this notice.

### **III. Current Actions**

This information collection request concerns the OWCP 1168 Provider Enrollment Form. OWCP has updated the data with respect to the number of respondents, responses, burden hours, and burden costs supporting this information collection request from the previous information collection request.

Type of Review: Revision of a currently approved collection.

Agency: Office of Workers' Compensation Programs, OWCP

OMB Number: 1240-0021.

Affected Public: Public Sector.

Number of Respondents: 18, 417.

Number of Responses: 18,417.

Annual Burden Hours: 8,901.55 hours.

Annual Respondent or Recordkeeper Cost: \$0.00.

Comments submitted in response to this notice will be summarized in the request for Office of Management and Budget approval of the proposed information collection request; they will become a matter of public record and will be available at <https://www.reginfo.gov>.

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*Anjanette Suggs*  
*Certifying Officer*

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