

The WSIB has established evidence-based health care delivery plans that describe treatment shown to be effective for specific injuries and illnesses (the "**Programs of Care**"). The WSIB has posted material relating to the various POC on its website ([www.wsib.on.ca](http://www.wsib.on.ca)), including reference guides, fee schedules, and other documents (the "**POC Materials**"). Please look under the **Health Care Professionals** tab on the WSIB website to access all POC materials.

**Please indicate which Program of Care (POC) you will deliver which are within your professional scope of practice and personal competencies:**

- Low Back  Musculoskeletal (MSK)  Shoulder  
 Mild Traumatic Brain Injury  Noise-Induced Hearing Loss

**Provider Directory**

WSIB's *Programs of Care Provider Directory* lists health care professionals who can deliver the Programs of Care. If you want to be included on this list, please check the box below. For additional information about the *Programs of Care Provider Directory* or the Programs of Care, please contact WSIB's **Health Care Practitioner Access Line at 1-800-569-7919 or 416-344-4526.**

Yes, please use my information for publication on WSIB's website in the *Programs of Care Provider Directory*.

By marking the above box I consent to the publication of my name, profession and business contact information on the WSIB website ([www.wsib.on.ca](http://www.wsib.on.ca)) in the list of professionals eligible to deliver the Programs of Care selected above. I agree that WSIB is not responsible for any consequences resulting from the use by third parties of such information. I acknowledge that if I wish to have changes made to such information or to be removed from the list, I may do so by contacting the WSIB by email at [programofcare@wsib.on.ca](mailto:programofcare@wsib.on.ca).

**Health Professional Information**

Title	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				Profession	License/Registration# <small>(WSIB internal use only)</small>	
Name: <i>(please print)</i>	First Name			Last Name			Initial
Facility/Clinic Information	Business Name						
	Address						
	Suite/Unit#		City			Prov.	Postal Code
	Business Phone				Email		
Already listed on the POC Provider Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Registered with TELUS Health Solutions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate your WSIB Provider Billing ID number							

**Provider Statement**

By signing below, I agree to the following:

- I have read and understand all POC materials on the WSIB website, corresponding to the POC selected above
- I will deliver care as described in the relevant POC Reference Guides, and in accordance with the POC materials as they may be revised and updated from time to time by WSIB
- I have taken all steps necessary to obtain a WSIB Provider ID number (registering either as an individual health care professional or as a facility/clinic)
- I will bill WSIB electronically\* for all services performed as part of the POC

Signature	Date (dd/mm/yyyy)
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\* For information regarding on-line billing, visit the WSIB website ([www.wsib.on.ca](http://www.wsib.on.ca)), and look under the **Health Care Professionals** tab. To register for online billing and to get a WSIB Provider ID number, visit the TELUS Health Solutions website at [www.telushealth.com/registration](http://www.telushealth.com/registration).

**Return this completed form to:** WSIB Health Services Program and Provider Effectiveness Branch  
Attn: Programs of Care  
200 Front St West, 4th Floor, Toronto ON M5V 3J1

OR by FAX to:  
416-344-2541

If there are any changes to your address, phone number and/or facility, please call the **Health Care Practitioner Access Line at 1-800-569-7919 or 416-344-4526.**