

The WSIB has established an evidenced-based NIHL program of care in collaboration with the Association of Hearing Instrument Practitioners of Ontario and the Association of Speech-Language Pathologists and Audiologists. Our website (wsib.ca) has material relating to the NIHL program of care, including reference guides, fee schedules and other documents under the [Health care providers](#) tab.

NIHL program of care provider directory

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

Yes, please use my information for publication on the WSIB’s website in the “Programs of Care Provider Directory”

By marking the above box I consent to the publication of my name, credentials and clinic contact information on the WSIB website (www.wsib.ca) in the list of hearing health care practitioners eligible to deliver the NIHL program of care. I agree that the 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 through email at programofcare@wsib.on.ca.

Hearing health care practitioner information		
Credentials <input type="checkbox"/> Audiologist <input type="checkbox"/> Hearing instrument specialist		Registration number (WSIB internal use only)
Last name		First name
Clinic name		
Clinic address (Street, number, apartment/suite)		Town/City
		Province
Clinic telephone		Email
Already listed on the WSIB NIHL program of care provider directory? <input type="checkbox"/> yes <input type="checkbox"/> no		
Are you registered with TELUS Health Solutions? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please indicate your WSIB Provider ID number:		
Provider statement By signing below, I agree to the following: <ul style="list-style-type: none"> • I have read and understand all NIHL program of care materials on the WSIB website. • I will deliver services as described in the NIHL program of care Reference Guides, and in accordance with the NIHL program of care materials as they may be revised and updated from time to time by the WSIB. • I have taken all steps necessary to obtain a WSIB Provider ID number (registering either as an individual health care practitioner or as a facility/clinic) • I will bill the WSIB electronically for all services performed as part of the NIHL program of care 		
Signature		Date (dd/mm/yyyy)

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

For information regarding online billing, visit our website (www.wsib.ca), and look under the Health care providers tab. To register for online billing and to get a WSIB Provider ID number, visit the TELUS Health Solutions website at wsibregistration.telushealth.com.

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

OR

By email to:
Programofcare@wsib.on.ca

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.

Ce document est disponible en français sous le titre: *Demande d'inscription à titre de prestataire du Programme de soins pour perte auditive due au bruit (0916B; 2023).*