



## Application to deliver program(s) of care (POC)

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.ca](http://www.wsib.ca)), including reference guides, fee schedules, and other documents (the “**POC Materials**”). Please look under the **Health care providers** 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:**

- |          |                            |
|----------|----------------------------|
| Shoulder | Musculoskeletal (MSK)      |
| Low back | 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.ca](http://www.wsib.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	Profession	License/Registration number (WSIB internal use only)	
First name	Last name	Initials	
Business name			
Address (Street, number, apartment/suite)		Town/City	Province
Business Telephone		Email	
Already listed on the POC Provider Directory?	yes	no	
Registered with TELUS Health Solutions?	yes	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"> <li>I have read and understand all POC materials on the WSIB website, corresponding to the POC selected above</li> <li>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</li> <li>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)</li> <li>I will bill WSIB electronically* for all services performed as part of the POC</li> </ul>			
Signature		Date (dd/mm/yyyy)	

Contact [accessibility@wsib.on.ca](mailto:accessibility@wsib.on.ca) if you require this communication in an alternative format.

For information regarding on-line billing, visit the WSIB website ([www.wsib.ca](http://www.wsib.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 <https://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.**