Saskatchewan Workers' Compensation Board

Health Care Services
Email: internet_healthcare@wcbsask.com
Online: www.wcbsask.com/care-providers

200 - 1881 Scarth Street
Regina, Saskatchewan
Canada S4P 4L1
Tel: 306.787.4339
Toll free: 1.800.667.7590
Fax: 306.787.2428
Toll-free fax: 1.888.844.7773

Attn: WCB Health Care Services Quality Assurance — Administrative Assistant

Accreditation request - Treatment team member

To be completed by clinical coordinator

Name of care provider applicant: _____

Discipline: _____

Name of team member the applicant is replacing: _____

Name of clinical coordinator applicant is replacing: _____

Name of team: _____

Applicant will be performing:

FAE	☐ Yes	☐ No
FCE	☐ Yes	☐ No
Vestibular tx	☐ Yes	☐ No

The WCB can confirm information by contacting:

Name: _____ Telephone: _____

With this application, enclose the documents that demonstrate how the applicant meets the accreditation requirements (as described in the treatment manual). Submit these documents with each application, even if you have submitted them with a previous accreditation request.

Team chairperson:

Name: _____

Address: _____

City/Town: _____

Postal code: _____

Telephone: _____

Fax: _____

I confirm that this team complement continues to meet the WCB requirements for members with treatment team experience.

_____ _____

Signature of team chairperson Date

When writing to the WCB please print name and claim or firm number.