Saskatchewan Workers' Compensation Board

200 – 1881 Scarth Street
Regina SK S4P 4L1
accreditation@wcbsask.com
www.wcbsask.com

Phone: 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 - ASSESSMENT TEAM MEMBER

To be completed by team chairperson

Name of care provider applicant: _____

Name of team member the applicant is replacing: _____

Applicant will be: ☐ Core member ☐ Alternate member ☐ Second alternate member

Name of team: _____

Team type: ☐ Secondary physical assessment ☐ Tertiary physical assessment

☐ Mental health assessment ☐ Head trauma assessment

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 assessment 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