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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 - 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