

## WSIB community mental health network: psychologist registration guide

The WSIB community mental health network includes registered psychologists located across the province who offer assessment and treatment services in keeping with WSIB community mental health program guidelines, fees, and reporting expectations.

**Requirements checklist:**

- Authorized in autonomous or interim autonomous practice and good standing with the professional regulatory college
- Authorized area(s) of practice include:
  - Clinical Psychology, and/or
  - Clinical Neuropsychology, and/or
  - Health Psychology, and/or
  - Rehabilitation Psychology
- Authorized client population includes adults
- Complete the required webinar on the topic of the WSIB Community Mental Health Program on the WSIB website
- Complete the required webinar on the topic of Goal Attainment Scaling on the WSIB website
- Agree to deliver care as described in the WSIB Community Mental Health Program Reference Guide and in accordance with the materials
- Visit the WSIB website to review program materials as they may be revised and updated from time to time
- Agree to invoice according to the WSIB Community Mental Health Program Fee Guidelines
- Understand that the WSIB will conduct quality assurance activities
- Have taken all steps necessary to obtain a WSIB Provider ID number
- Will bill WSIB electronically for services (as applicable) performed as part of the WSIB Community Mental Health Program
- Provide consent for the WSIB to list professional contact information on the online WSIB Community Mental Health Network Directory, acknowledging that the WSIB is not responsible for any consequences resulting from the use by third parties of such information
- Agree to receive communication from the WSIB/third party provider through email or telephone
- Agree to contact WSIB should any registration information or qualifications change

Individual Psychologists	Psychology Clinics
List all practice locations on second page of registration form	<ul style="list-style-type: none"> <li>• Provide health care provider information for all participating psychologists/psychological associates on the second page of the registration form</li> <li>• Complete only ONE form per clinic</li> <li>• Providers working in a group practice at a single location who have their own WSIB Provider ID and who intend to bill and be paid for services individually should register as an individual psychologist</li> </ul>

For provider registration inquiries, please visit the WSIB website at [www.wsib.on.ca](http://www.wsib.on.ca) or contact the Health Care Provider Registration Line at 416-344-4526 or Toll Free at 1-800-569-7919.

For information about electronic on-line billing, look under the Health Care Providers tab on the WSIB website ([www.wsib.on.ca](http://www.wsib.on.ca)).

To register for online billing and to get a WSIB Provider ID number, visit the TELUS Health Solutions website at <https://wsibregistration.telushealth.com>

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

To register with the Workplace Safety and Insurance Board (WSIB) Community Mental Health Network, complete and submit this form to:  
**WSIB Health Services Program and Provider Effectiveness Branch, Attn: WSIB Community Mental Health Network**  
**200 Front St West, 4<sup>th</sup> Floor, Toronto, ON M5V 3J1**  
**OR by Email to: [Provider\\_registration@wsib.on.ca](mailto:Provider_registration@wsib.on.ca)**

For the provider registration requirements and materials, please visit the WSIB website at [www.wsib.on.ca](http://www.wsib.on.ca) or contact the Health Care Provider Registration Line at 416-344-4526 or Toll Free at 1-800-569-7919.

Select one:      New registrant      or      Existing registrant – update
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Health care provider information			
Individual Psychologist/Psychological Associate – please list other practice locations (if multiple) on reverse Psychology Clinic – please list all participating psychologists/psychological associates associated with the WSIB Provider ID on reverse			
Profession	License/Registration Number (Ontario)	WSIB Provider ID	
Last name	First name	Initials	
Business/facility/clinic name (if registering as a group provider)			
Business address (number, street, suite)	City/town	Province	Postal code
Business telephone	Email		
Language services offered (check all that apply):	English	French	Other      If Other, please specify language
Authorized Area(s) of Practice: (check all that apply)			
Clinical Psychology	Clinical Neuropsychology	Health Psychology	Rehabilitation Psychology
Able to offer the WSIB Community Mental Health Program via remote access?	Yes	No	

Provider Statement
<p>By signing below, I am confirming:</p> <ul style="list-style-type: none"> <li>I am a registered Psychologist/Psychological Associate authorized in autonomous or interim autonomous practice and in good standing with my professional regulatory college</li> <li>I have read and understood all the required WSIB Community Mental Health Program materials on the WSIB website</li> <li>I have completed the required webinar on the topic of the WSIB Community Mental Health Program on the WSIB website</li> <li>I have complete the required webinar on the topic of Goal Attainment Scaling on the WSIB website</li> <li>I will deliver care as described in the WSIB Community Mental Health Program Reference Guide and in accordance with the program materials</li> <li>I will regularly visit the WSIB website to review these materials as they may be revised and updated from time to time</li> <li>I agree to invoice according to the WSIB Community Mental Health Program Psychologist fee guidelines</li> <li>I understand the WSIB will conduct quality assurance reviews</li> <li>I have taken all steps necessary to obtain a WSIB Provider ID number</li> <li>I will bill the WSIB electronically* for all services performed as part of the WSIB Community Mental Health Program</li> <li>I provide consent for the WSIB to list the provided information on the online WSIB Community Mental Health Directory, acknowledging that the WSIB is not responsible for any consequences resulting from the use by third parties of such information</li> <li>I agree to receive communication from the WSIB/third party provider through email or telephone</li> <li>I will contact WSIB should any of my registration information or qualification changes</li> </ul>

Psychologist/Psychological Associate Signature (print, sign and return to the WSIB or type and upload)	Date (dd/mmm/yyyy)
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\*For information regarding electronic on-line billing, look under the Health Care Providers tab on the WSIB website ([www.wsib.on.ca](http://www.wsib.on.ca)).

To register for online billing and to get a WSIB Provider ID number, visit the TELUS Health Solutions website at <https://wsibregistration.telushealth.com>

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

Individual psychologist registering with multiple practice locations (please list all addresses below)			
Business address 2 (number, street, suite)	City/town	Province	Postal code
Business telephone	Email	License/Registration Number (Ontario)	
Business address 3 (number, street, suite)	City/town	Province	Postal code
Business telephone	Email	License/Registration Number (Ontario)	

Psychology clinic - participating providers				
Profession		License/Registration Number (Ontario)		
Last name		First name		Initials
Email address		Signature		Date (dd/mmm/yyyy)
Authorized Area(s) of Practice: (check all that apply)				
Clinical Psychology	Clinical Neuropsychology	Health Psychology	Rehabilitation Psychology	
Language services offered (check all that apply):	English	French	Other	If Other, please specify language
Profession		License/Registration Number (Ontario)		
Last name		First name		Initials
Email address		Signature		Date (dd/mmm/yyyy)
Authorized Area(s) of Practice: (check all that apply)				
Clinical Psychology	Clinical Neuropsychology	Health Psychology	Rehabilitation Psychology	
Language services offered (check all that apply):	English	French	Other	If Other, please specify language
Profession		License/Registration Number (Ontario)		
Last name		First name		Initials
Email address		Signature		Date (dd/mmm/yyyy)
Authorized Area(s) of Practice: (check all that apply)				
Clinical Psychology	Clinical Neuropsychology	Health Psychology	Rehabilitation Psychology	
Language services offered (check all that apply):	English	French	Other	If Other, please specify language
Profession		License/Registration Number (Ontario)		
Last name		First name		Initials
Email address		Signature		Date (dd/mmm/yyyy)
Authorized Area(s) of Practice: (check all that apply)				
Clinical Psychology	Clinical Neuropsychology	Health Psychology	Rehabilitation Psychology	
Language services offered (check all that apply):	English	French	Other	If Other, please specify language