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Schedule A - Occupational Therapist Participation Agreement

I confirm that I have read and understood the terms of the Performance Standards for Approved Occupational Therapists posted on the ICBC business partners' webpage: <https://www.icbc.com/partners/health-services/Documents/performance-standards-occ-therapists.pdf> (the "Performance Standards") and that, in consideration of the benefits to be afforded to me under the Performance Standards, I agree to be bound by the terms and conditions of the Performance Standards as they relate to my provision of treatment to customers.

I understand, acknowledge, and agree that ICBC will be entitled to amend the Performance Standards or terminate my right to participate, in each case as provided in the Performance Standards.

Dated this _____ day of _____ 20_____

OT Printed Name: _____ Witness Printed Name: _____

OT Signature: _____ Witness Signature: _____

OT Registration Number: _____ OT Email: _____

Languages Spoken: _____

OT Primary Servicing Area: _____ Primary Postal Code: _____

OT Secondary Servicing Area (optional): _____ Secondary Postal Code(Optional): _____

Referral Email: _____

Add to (HDP) Sub-Roster: Yes No

*Hospital Discharge Program

Firm Name: _____

Firm Phone Number: _____

Firm Address: _____

Firm Email (if different from referral email): _____

If yes, please indicate if you have the requisite knowledge, skills and resources to accept service requests in the following areas (select any/all that apply):

- Moderate to severe traumatic brain injury;
- Spinal cord injury;
- Complex mental health (including, but not limited to, concurrent diagnoses of schizophrenia, dementia, bipolar, borderline personality disorder, substance abuse/addictions); and/or
- Paediatrics.

* Please refer to the most current COTBC Essential Competencies and COTBC Practice Resource on Guided Reflection prior to making the above selection(s).

Vendor Number: _____

Occupational therapists who wish to be bound by the terms of this Agreement should deliver one originally executed copy of this Agreement to ICBC. This Agreement will not be effective, and the occupational therapist will not have any rights under the Agreement, until such time as ICBC receives an originally executed copy of this Agreement.

Please email signed agreements to BIProviderApp@icbc.com or fax to Supplier Programs & Administration (604) 777-4624.