

Health Care Programs

Staff Change & Mentorship Request

This form must be completed in Adobe Acrobat. If you don't already have Acrobat on your computer, you can [download Adobe Acrobat Reader](#), a free app. Please note the form's functionality will not work properly if the form is opened in an internet browser such as Microsoft Edge or Google Chrome.

Date (yyyy-mm-dd)

To complete and submit this form:

1. Open the form in Acrobat by going to your Downloads folder and right-clicking on the PDF file. Select Open with > Adobe Acrobat Reader.
2. Type your information in the form and attach any additional documents using the **Attach** button.
3. Save your form, then click the **Submit** button at the end of the form.
4. An email will pop up. Ensure your completed form is attached, then click **Send**.

Provider's information

Provider's name	Payee number	Company's phone number
WorkSafeBC program impacted by staff change	Number of clinicians currently under mentorship Core Non-core	
Plan submitted by		

New clinician

Name	Discipline	Registration number <small>(note if interim)</small>
Clinician's email address	Is mentorship required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is an approved clinician departing the program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Mentorship request

Proposed mentorship start date	Proposed mentorship end date
Mentor's or mentors' name(s) and disciplines	Mentor's or mentors' experience in the impacted WorkSafeBC program

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You must provide a detailed letter outlining the proposed mentorship plan for the proposed clinician. At minimum, the mentorship plan must include the following components:

- **Clinician must have one or more designated mentors:** At least once a week, the mentored clinician must meet and consult with their mentor(s) to receive ongoing support and feedback regarding problem solving, contractual requirements, treatment planning and progression, report writing, and worker education, and to have any questions answered.
- **Clinician's reports must be reviewed:** All reports, or the portion(s) of the reports produced by the mentored clinician, must be reviewed by the mentor(s) and/or other qualified staff prior to submission to WorkSafeBC. Feedback must be provided to the mentored clinician with the goal of ensuring the reports adequately address all relevant issues consistently and succinctly.
- **Clinician must receive monthly peer observation, review, and feedback:** This can be from the mentor(s) or another core team member.
- **Clinician and mentor(s) must meet with management:** Progress toward achieving the mentorship program goals needs to be monitored, modified, and evaluated through quarterly meetings between the mentor(s), mentored clinician, and clinic management.

Staff departing

Name	Discipline	Final date working in the program (yyyy-mm-dd)

Attachments

Please ensure you attach all applicable documents listed below

- Up-to-date resume for the proposed staff member
- Updated staff list
- Detailed mentorship letter/plan

[Attach]

Approval (to be completed by Health Care Programs only)

Health Care Programs program manager	Signature

Health Care Programs

Phone 604.232.7787
 Toll-free 1.866.244.6404
 M-F, 8 a.m. to 4 p.m.
 Email hcsinqu@worksafebc.com

[Submit]

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