

Hand Therapy

Staff Change & Mentorship Request

Please complete this form as required and email it (along with the necessary attachments) to HandTherapy@worksafebc.com.

Date (yyyy-mm-dd)

Provider's information

Clinic's name	Payee number	Clinic's phone number
Plan submitted by	Number of clinicians currently under mentorship	
What are you requesting approval for? (select all that apply)		
<input type="checkbox"/> Adding a new PT or OT <input type="checkbox"/> Adding a new kin <input type="checkbox"/> Mentorship <input type="checkbox"/> Staff departure		

New clinician: PT or OT

Name	Discipline (PT or OT)	Registration number
Current experience (min. 18 months) months	Current Hand Therapy-related experience (min. 1,200 hours for PT/OT) hours	
Is this person actively pursuing CHT designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is mentorship required? (If yes, please complete the mentorship request below) <input type="checkbox"/> Yes <input type="checkbox"/> No	

New clinician: Kin

Name	Registration number
Current experience with return-to-work planning and jobsite visits (min. 12 months) months	Is mentorship required? (If yes, please complete the mentorship request below) <input type="checkbox"/> Yes <input type="checkbox"/> No

Mentorship request

Proposed mentorship start date (yyyy-mm-dd)	Proposed mentorship end date (yyyy-mm-dd)	
Mentor or mentors' name(s)	Mentor or mentors' discipline(s)	Mentor or mentors' experience years, months

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.

I confirm the mentorship plan includes all components listed above.

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Staff departing

Name	Discipline	Final date working in the program

Attachments

Please attach the following mandatory documents when you email this form to us (check off to confirm you have attached)

Resume of new staff member

Updated staff list

Approval (to be completed by Health Care Programs only)

Health Care Programs program manager	Signature

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, email FIPP@worksafebc.com, or call 604.279.8171.