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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): _____

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 BIPProviderApp@icbc.com or fax to Supplier Programs & Administration (604) 777-4624.