Workers' Safety and Compensation Board Yukon

Health Care Provider Application

PRINTED: 07-11-2026

This information is being collected for the purposes of administering and enforcing the Workers' Safety and Compensation Act and is collected under the authority of that Act and the Access to Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the Privacy Officer at WSCB at the above listed address or at (867)667-5645 or 1-800-661-0443.

Business Information

*Legal Name

Clinic Name

*Street Number

*Street Name

*City

*Province/Territory

*Postal Code

*Country

*Is the physical address the same as mailing address?

Yes

No

Mailing Address (character limit: 570)

*Email (ex: you@wcb.yk.ca)

*Primary Phone Number (ex: (999) 999-9999)

Secondary Phone Number (ex: (999) 999-9999)

Fax Number (ex: (999) 999-9999)

Health Care Provider Information

Date of application (DD/MM/YYYY)

/ /

Please choose applicable profession(s)

- Psychologist
- Counsellor
- Physiotherapist
- Chiropractor
- Occupational Therapist
- Massage Therapist
- ADL Service Provider
- Other: _____

Please list your qualifications: (current license, credentials, degree, registrations… please include any specialties / certificates you may have) (character limit: 570)

Please list the services you plan on providing

Signature, consent and declaration

By checking this box, I acknowledge that electronic communication has inherent security risks, as do all forms of communication. Notwithstanding the inherent risks of electronic communication, I consent to the use of electronic methods to transmit and receive information, including confidential and personal information between the board and myself. This consent will remain in effect until written notice to revoke this authorization has been received by the board.

By checking this box I declare that the information provided is true and correct.

My name is

My email is (ex: you@wcb.yk.ca)