Physician Registration Application

If you're a physician in British Columbia, you may be required to register with WorkSafeBC.

Please complete the Physician Registration Application and email it to **phpcreg@worksafebc.com**. Please allow ten days from the date of receipt for the form to be processed.

You're **required to apply** to register with WorkSafeBC if:

- You're an employer.
- You operate through an incorporated company.

You **do not have to apply** to register if:

- You receive a T4 Statement of Remuneration Paid or a T4A Statement of Pension, Retirement, Annuity and Other Income from a health authority, or
- You provide your services to a health authority under a salary agreement (as described in the *Physician Master Agreement*).

You're **able to apply** to register with WorkSafeBC if:

You provide your services to a health authority as an independent contractor in your own name (e.g., Dr. Jane Smith) and your revenue is earned solely through one or more of:

- A **service contract** (under which you provide your services as an independent contractor)
- A **sessional contract** (under which you provide services on a time or sessional basis — in which a session equals 3.5 hours of your professional services)
- **Fee-for-service** payments from the **Medical Services Plan (MSP)**, WorkSafeBC, or ICBC
- Earnings related to **private practice** (third-party, medico-legal, and private billings)
- You're an unincorporated physician and you **want to apply for WorkSafeBC coverage for yourself:**
  - In addition to completing the Physician Registration Application, you must also complete and submit the application for **Personal Optional Protection**.

You're an unincorporated physician and you **want to apply for WorkSafeBC coverage for yourself:**

In addition to completing the Physician Registration Application, you must also complete and submit the application for **Personal Optional Protection**.

If you're a proprietor or partner and you would like to be covered for workers' compensation, you must apply for **Personal Optional Protection** by completing **Form 1801**.

WORK SAFE BC

Physician Registration Application

Firm information

Full legal name of physician	Full legal name of corporation (if applicable)	Canada Revenue Agency business number (first nine digits only)

Select type of firm

☐ Corporation ☐ Proprietorship ☐ Partnership

Mailing address			
Business mailing address	City	Province	Postal code

Business phone number	Home phone number	Fax number	Email address

Physical address or operating location of business (if different from above)			
Street address	City	Province	Postal code

Business operations

In the questions below, the terms in blue have the same definition as in the *Physician Master Agreement* made April 1, 2014.

Do you receive either a T4 Statement of Remuneration Paid or a T4A Statement of Pension, Retirement, Annuity and Other Income?

☐ Yes ☐ No

How is your firm's revenue derived?

☐ A salary agreement

☐ A sessional contract (under which the applicant provides services on a time or sessional basis, and in which a session equals 3.5 hours of a physician's professional services)

☐ Fee-for-service payments from the Medical Services Plan, and WorkSafeBC and ICBC

☐ Earnings related to private practice (third-party, medico-legal, and private billings)

☐ A service contract with a single health authority or agency

☐ A service contract with two or more health authorities or agencies

Worker and payroll details

Do you employ workers?

☐ Yes ☐ No

Number of shareholders (if applicable)	Estimate of annual payroll for all workers (if your firm is a corporation, include in your estimate the earnings of shareholders who are active in your firm)

WORKSAFEBC

Physician Registration Application

Services provided

Please provide a brief description of operations

Name (please print)	Title or relationship to firm	Phone number	Date (yyyy-mm-dd)

☐ I am an authorized representative of the applicant firm. I certify that: I am authorized to make and sign this application on the firm's behalf; I have truly and accurately completed this application on the firm's behalf; and the firm is aware of, acknowledges, and undertakes to discharge all of its duties and obligations under the *Workers Compensation Act* and all regulation and policy made under the Act's authority.

For general inquiries, contact the Assessment Department at 604.244.6181 or toll-free at 1.888.922.2768.

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 freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.
For general inquiries, contact the Assessment Department at 604.244.6181 or toll-free in Canada at 1.888.922.2768.