Ontario

Ministry of Health
Integrated Community Health Services Centres Program
49 Place d'Armes, PO Box 48
Kingston ON K7L 5J3
ICHSC@ontario.ca

ICHSC Physician Affiliation

Physician Affiliation and Declaration of Professional Standing

Note to Licensee:

Only physicians providing ICHSC services on your licence require Affiliation with the ministry.

- Complete a **separate** authorization for each additional physician and/or centre.
- This form should be completed prior to the physician providing any services for the ICHSC.
- All fields and signatures must be completed or the form will be returned.
- Return the completed form to the above address, email or fax.

ICHSC Billing Number	Licence Number	Licensee Name

Check one and specify effective date: ☐Cancel Affiliate ☐Request New Affiliate ►	Effective Date of Affiliation or Cancellation (yyyy/mm/dd)

Physician Information

Last Name	First Name

OHIP Solo Billing Number	CPSO Number	Class of physician's certificate of registration

Specialty

Check one of the following options:

☐ I, the licensee of the above ICHSC, have reviewed the qualifications of the physician listed and believe him/her to be qualified to provide **all the ICHSC** services for which the above ICHSC is licensed.

or

☐ I, the licensee of the above ICHSC, have reviewed the qualifications of the physician listed and believe him/her to be qualified to provide only **some of the ICHSC** services for which the above ICHSC is licensed. I have noted below the only service(s) that this physician will be providing.

List of Services (please specify service codes on your ICHSC licence):

Declaration of Professional Standing

I declare that I am qualified to provide the indicated service(s) at this ICHSC in accordance with generally accepted professional standards. I have provided a copy of any terms and conditions currently attached to my College of Physicians and Surgeons of Ontario (CPSO) certificate of registration along with this affiliation authorization form.

I agree to have my name affiliated / cancelled with the above mentioned ICHSC billing number.

Physician Name (First and Last Name)		Date (yyyy/mm/dd)

Licensee / Authorized Name (First and Last Name)		Date (yyyy/mm/dd)

Collection of this information is for the administration of the *Integrated Community Health Services Centres Act, 2023* (ICHSCA). It is collected/used for these purposes under the authority of the ICHSCA, Section 58(1). For information about collection practices, please contact: Program Manager, Integrated Community Health Services Centres Program, 49 Place d'Armes, PO Box 48, Kingston ON K7L 5J3. Email: ICHSC@ontario.ca.

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Instructions

It is the responsibility of the Integrated Community Health Services Centre (ICHSC) licensee, with advice from the Quality Assurance Advisor, to ensure that all health professionals providing services for an ICHSC have the appropriate knowledge, skills and competency required to provide the types of services for which the ICHSC is licensed. The licensee should review the appropriate quality and safety standards as established by the inspecting body prescribed under the ICHSCA General Regulation, as applicable.

The licensee is responsible for the review of a physician's qualifications prior to submitting the Physician Affiliation Authorization and Declaration of Professional Standing for ICHSC document requesting the ministry to affiliate a physician to the ICHSC.

The ICHSC program does not affiliate physicians providing non-ICHSC services.
If the ICHSC has more than one modality, the ICHSC must indicate on the form, where requested, if the physician will be providing some or all of the licensed services. If the physician will only be providing some of the service(s), the specific service(s) must be indicated on the form.

If the ICHSC Physician Affiliation form is complete and the physician meets the required qualifications, the ICHSC Program will approve the form and issue the clinic an approval notification confirming the affiliation.

If the physician does not appear to be qualified to provide some or all of the services for which the ICHSC is licensed, the physician may be required to submit evidence of his/her knowledge, skills and appropriate training to the CPSO. Once the physician has received CPSO confirmation of scope of practice and acknowledgement of qualifications please resubmit the application with that notice.

NOTE: The licensee must **not** allow a physician to provide services for the ICHSC until the physician has been successfully affiliated to the ICHSC.

Under the ICHSCA, every licensee of an ICHSC must maintain a declaration of professional standing for each physician who provides ICHSC professional services. A declaration of professional standing must include the physician’s name, physician’s registration number with the CPSO, physician’s number as registered with the Health Insurance Division of the Ministry of Health, the class of the physician’s certificate of registration issued under the *Medicine Act, 1991*, and any terms and conditions attached to it and the physician’s specialty.

Change of Scope. Every licensee must also give the Director of ICHSCs a written statement of any change in a declaration of professional standing promptly after the change. This does not apply in respect to physician’s providing services on a temporary basis for less than 12 weeks.