

# WSIB Claims Management Training

Are you aware of the costs of a workplace injury? Do you know how to track and verify financial statements related to worker injuries? Do you have an effective documented claims management and return to work control system?

Location: To Be Determined – Guelph

Time: 1:00 – 4:00 PM

Date: June 22, 2016



Schedule June 22, 2016 to come and learn and share information which will lead to a better understanding of WSIB Claims Management, Cost Control and related WSIB programs. Learn about Clearance Certificates - Purchase Certificates and how they can impact your bottom line.

Join us and see how to structure a WSIB reporting system using WSIB Forms and Procedures. Including Form 6, 7, 8, Intent to Object Form, Treatment Memorandum, and other documents.

Gain some skills and procedures for ensuring a detailed documented progressive return to work program.

If you are frustrated or unsure of how WSIB does things plan to attend this day of information sharing and learn some tips and procedures to help demystify this process.

**Human Resource, Health & Safety & Training Consultants**

Phone: 519-821-7440 Fax: 519-821-7680 or

Email: [hr@beyondrewards.ca](mailto:hr@beyondrewards.ca)



# WSIB Claims Management Training

## Order Form

\$495.00 course plus HST

**PRESENTER:** Michael N. Dougherty, CRSP. Mike has worked in multiple business organizations providing professional safety and claims control practices administration. He has been successful in reducing costs and helping employers gain control of WSIB programs. He treats Safety and WSIB programs as a cost center requiring the constant application of measureable parameters to ensure worker success, cost control and reduced injury incidents.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Attendee(s) name(s): \_\_\_\_\_

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Method of Payment (Please check one): **Payment must be received no later than two weeks prior to the session.**

☐ Cheque ☐ Invoice Me (**Must be paid 2 weeks prior to session**)

☐ Visa ☐ Mastercard ☐ Amex

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Verification Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Total: \$559.35



**To Register/More Information:**  
Head Office Phone: 519-821-7440 / Fax: 519-821-7680  
Email: [hr@beyondrewards.ca](mailto:hr@beyondrewards.ca)