

SERVICE PROVIDER Application Form – Medical Coverage

(as of October, 2025)

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Name:			
Address:	City:		PC:
Email:			Phone:
2) CONTACT INFORMATION	I (Business/Clin	ic):	
Name:			
Email:		Phone:	
Website:		Instagram:	
Note: Confidentiality – We do list your n			
website so our clients can review curre phone, address and email information a			
priorie, address and emak information e	are for office ase only t	and will not be provide	ou externate.
3) SELF – DECLARATION (Vo	oluntary)		
consultants, and service providers. Any used for statistical collection to help di members, consultants and service prov A. What gender do you se different from sex assign on legal documents)	rect and guide us with viders. elf-identify with:	future educational ar	nd professional programming for our
☐ Male☐ Female☐ Prefer to Self Disclose:☐ Prefer to Not Disclose			
B. What heritage do you s	self–identify with	:	
☐ Caucasian ☐ Member of Visible Minority ☐ Prefer to Not Disclose	y (a person, othe		First Nations, Metis, Inuit) us, who are non-Caucasian)

C. Are you a person with a di	sability:	
□Yes	□No	☐ Prefer to Not Disclose
D. Can you speak English or	French well enough to condu	ıct a conversation in?
□English Only □Both English & French	□ French Only □ Any Other La	
4) Please indicate which <u>Sport</u>	: Medicine body you are a m	ember of:
☐Physician:	□ CASEM General Mem	oer
☐ Physiotherapist:	□SPC-SK General Mem	ber
\square Athletic Therapist:	☐ CATA Certified	
☐Chiropractor:	☐CAS-SIG Member	
☐ Registered Massage Therapis	t: □CSMTA Candidate	
5) Please indicate the services SMSCS. Note: Listed are only the programs/services Sport Event Medical Coverage Pr	that non-sport credentialed (SMSCS S	
☐ Provide profession specific tree ☐ Provide on-field Emergency &	., ,	chiropractic treatment, etc)
Initial Assessment Services for h	igh performance athletes (se	<u>e note)</u>
☐ Concussion Assessment ☐ Injury Assessment/return to S	Sport following an injury prog	ram
*Note: Members that have obtained their sp requests prior to asking SMSCS Service Pro		will always be asked to fulfill these
6) PROFESSIONAL CREDENTIA	ALS, QUALIFICATIONS, CER	TIFICATIONS, LICENSING:
Are you currently registered and/ professional body/organization (i		vincial and/or national
□Yes	□No	□Non-Applicable

Are your qualifications, certifications, memberships current and active?						
□Yes	□No	\square Non-Applicable				
Do you curre	ently carry professional liability insu	rance?				
□Yes	□No	\square Non-Applicable				
Please list yo	our formal education and applicable	e credentials:				
as part of ou certification	r Medical Coverage of Events progra or equivalent.	viding first aid and emergency type services am must have a current First Responder				
-	a current/updated Sport First Respondentification, or equivalent?	onder and/or First Responder for Medical				
□No □Yes If Yes, which □ Expiry Da						
•	REQUIRED EDUCATION, CERTIFIC dian Centre for Ethics in Sport (Co					
Covenant'. A	•	anadian Anti-Doping Programs (CADP) required to complete the CCES Anti- sultant.				
Clean Sport)	structions below and complete the OR The Clean Sport Review (2025), Submit copies of completion docum	• •				
If you	already have a CCES online learr	ning account:				
\Diamond	Log in with your existing username	e and password here: Public Dashboard				

ICCES

- ♦ DO NOT sign up for a new account if you have forgotten your password. Use the "forgot password" tool to reset your existing account.
- ♦ Courses will be available on the Dashboard or in My Courses.

If you are completing the CCES requirements for the first time:

- ♦ Sign Up for an account here: Sign Up | CCES (use enrolment key SMSCS-staff)
- ♦ You must complete the profile module before proceeding to the courses.
- Once completed, return to the Dashboard or My Courses to begin

b) Respect In Sport-On Line Education Program (RiS)

Service Providers are required to complete the Sask Sport 'Respect in Sport' Online Education Program. The program was developed by Sask Sport Inc. to assist coaches, sport leaders, and others involved and in contact with athletes in identifying abuse, bullying, harassment, and neglect in sport. The program's goal is to provide a safer and more respectful sporting environment for all to participate.

- ♦ To access and complete the program please visit the following link:
 - **Respect In Sport Online**
- Once completed, please include your certificate with this submission package.

c) Criminal Record Chek & Vulnerable Sector (CRC-VS)

The council requires you to submit a copy of a criminal record check "dated" within the past 3 years of submitting the application. PLEASE NOTE: If this is your **first time** submitting a CRC to us you will need to submit a CRC with vulnerable sector (CRC-VS). Note that this only needs to be submitted **1 time** and when re-applying you will only be required to update the CRC.

You can obtain a **CRC or CRC-VS** by following the links below:

♦ Living in SASKATOON: With Vulnerable Sector

Without Vulnerable Sector

♦ Living in REGINA: With Vulnerable Sector

Without Vulnerable Sector

Living in OTHER AREAS of Saskatchewan: contact your local RCMP or Police Department.

**SMSCS will also accept various National Online programs such as "Sterling Backcheck" and "myCRC"

8. SMSCS SAFE SPORT POLICY

The SMSCS is required to have all Consultants sign off on its Safe Sport Policy. Please visit each link below and check the box for each indicating your acceptance of the SMSCS Safe Sport Policy.

Athlete Protection Policy-Rule of 2: By checking here, I state that I have read, understand, and accept the SMSCS Policy related to Athlete Protection & the Rule of 2. *please also complete the attached "IST&S Consent" and submit with application Code of Conduct and Ethics: By checking here, I state that I have read, understand, and accept the SMSCS Policy related to the Code of Conduct and Ethics. Discipline & Complaints Policy: By checking here, I state that I have read, understand, and accept the SMSCS Policy related to Discipline & Complaints. Discrimination, Harassment, Maltreatment & Prohibited Behaviour: By checking here, I state that I have read, understand, and accept the SMSCS Policy related to Discrimination, Harassment, Maltreatment & Prohibited Behaviour. Social Media Policy: By checking here, I state that I have read, understand, and accept the SMSCS Policy	Introdu	uction & Definitions-Please Read
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Social Media Policy:		
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related to Social Media.	r	related to Social Media.
Conflict of Interest Policy:	Confli	ict of Interest Policy:
☐ By checking here, I state that I have read, understand, and accept the SMSCS Policy		
related to Conflict of Interest.	r	related to Conflict of Interest.

In addition to the above, the SMSCS Safe Sport Policy also requires the following:

Canadian Sport Centre Saskatchewan-UNIVERSAL CODE OF CONDUCT TO PREVENT AND ADDRESS MALTREATMENT IN SPORT (UCCMS)

The UCCMS is the core document that sets harmonized rules adopted by sport organizations that receive funding from the Government of Canada. The SMSCS requires all Consultants and Service Providers to accept the full document as is. This will lay the foundation for any work conducted on behalf of the SMSCS for Canadian Sport Centre Athletes.

The purpose of the UCCMS is to advance a respectful sport culture that delivers quality, inclusive, welcoming, and safe sport experiences. More specifically, I hereby consent to the collection, use, and disclosure of my personal information in relation to the administration and enforcement of the UCCMS, as detailed in the following document:

Universal Code of Conduct to Prevent and Address Maltreatment in Sport
\square By clicking here, I state that I have read, understand, and accept the
UCCMS.

Screening Disclosure

Please read the following statements carefully and check the appropriate box. Please no	ote
that staff will follow up with you for further information.	
☐I have been convicted of a crime in the past.	

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\Box I have been disciplined or sanctioned by a sport governing body or by an
independent body in the past. (ie. Sport body, private tribunal, government agency,
etc) OR have been dismissed from a coaching or volunteer position
\Box I have criminal charges or sanctions currently pending or threatened against me.
(ie. sport body, private tribunal, or government agency)

9. ADDITIONAL IMPORTANT INFORMATION:

- As an SMSCS Consultant I am responsible to ensure the privacy and confidentiality
 of all clients as well as service/treatment related information. I will obtain consent if
 I plan on sharing client personal, service/treatment information with any other
 consultant, service provider or practitioner. I will also ensure that I am compliant
 with privacy and confidentiality policies and procedures imposed by law or
 governing my profession.
- All Consultants must promote the Council and its programs and services. They
 must also recognize the Council as a co-presenter for all sessions/presentations.
 (Note: informational promotional slides are available to insert in all presentations)

- The Council's current pay rates for Medical Coverage of Events Honorarium is \$50.00/hour.
- To receive payment one of the following must be submitted: (1) a detailed invoice (including dates, names, provider contact information, and a digital signature OR (2) a completed SMSCS Honorarium/Expense Form with digital signature
- Consultants are expected to provide input and/or feedback on SMSCS programs, policies, and procedures when requested.
- Consultants are expected to consider utilizing and promoting the Sask Sport Resource Line (including e-support services) which provides information, bilingual support, resources and referrals for sport in Saskatchewan regarding possible bullying, abuse, harassment, discrimination or hazing. The confidential and anonymous resource, operating 365 days of the year from 9 am-9 pm, is intended to assist callers in determining the most appropriate action to take. The Sask Sport Resource Line staff are qualified to handle calls regarding child and youth mistreatment (national/provincial child and youth protective laws) and organization specific risk management and dispute resolution models. For further information, please contact the Sask Sport Resource Line as follows:

Phone: 1-888-329-4009Text: 1-306-717-9636

o Email: help@resourceline.ca

o You can also visit the Sask Sport Resource Line Website

- The SMSCS reserves the right to ask for an updated curriculum vitae/resume or copies of applicable educational credentials and certifications.
- All NEW Consultants are required to submit copies of applicable Educational Credentials & Certifications for the Discipline (s) you are applying in.
- The SMSCS strongly suggests that all Consultants be fully vaccinated (including any booster doses when eligible) against communicable diseases as recommended by the Ministry of Health and Chief Medical Officer.
- Consultants are not guaranteed a specific amount of work through SMSCS.
 Consultants are considered casual, and work is usually directed to them by the SMSCS at the request of the athlete or team. They are encouraged to self promote.

- If you are a New Applicant, please provide the following information:
 - This Application Form
 - A Curriculum Vitae/resume
 - o Copy of completed Canadian Centre for Ethics in Sport Courses
 - Copy of a current Criminal Record Check with Vulnerable Sector
 - Copy of current Respect in Sport course
- If you are a Renewing Applicant and would like to continue to be a Consultant for the SMSCS please provide the following information:
 - o This Application Form
 - o Any documentation which has expired (ie. Respect in Sport, CCES courses)
- I have read, understood and submitted the above required information for consideration to become a Consultant with the Sport Medicine and Science Council of Saskatchewan. If approved, I agree to abide by the SMSCS Safe Sport Policy Manual, the Universal Code of Conduct to Prevent and Address Maltreatment in Sport and the Consultant/Service Provider Policies and Procedures as outlined in the SMSCS Programs and Services Manual.
- I understand that if I fail to comply with the above, I may be suspended or terminated as an SMSCS Service Provider as outlined in the Consultant/Service Provider Discipline and Complaints Policy.

Signature of Applicant	Date of Application

Please submit all paperwork to:

Stacey Silzer, Coordinator of Safety and Professional Development

safetycoordinator@smscs.ca



Integrated Support Team & Services Consent Form

PREAMBLE

As a member of the **Sport Medicine & Science Council of Saskatchewan's** ("SMSCS") Integrated Support Team ("IST") and its Services, you have certain obligations that must be respected as a condition of exercising the functions related to your role in order to ensure that all the SMSCS training, education, competition and social environments are safe and respectful for everyone involved. This SMSCS IST and Services Consent form sets out the conditions that must be respected at all times by the SMSCS's IST and its Services when exercising their functions.

CONSENT

As a condition of being a member of SMSCS's IST and its Services, and by signing this Consent Form, I hereby agree as follows:

- That I will adhere and be subject to all of the policies in the SMSCS's Safe Sport Policy Manual, as amended from time to time, including, without limitation, the Code of Conduct and Ethics, the Discipline and Complaints Policy and Appeal Policy, except to the extent that doing so prevents me from being able to provide effective and permitted treatment or would otherwise violate any professional obligations imposed by my professional order;
- That I will adhere and be subject to the Universal Code of Conduct to Prevent and Address Maltreatment in Sport ("UCCMS"), as amended from time to time, except to the extent that doing so prevents me from being able to provide effective and permitted treatment or would otherwise violate any professional obligations imposed by my professional order;
- That I will be subject to the jurisdiction of any discipline panel, appeal panel, or tribunal of the Sport Dispute Resolution Centre of Canada (SDRCC) constituted to administer any of the polices in SMSCS's Safe Sport Policy Manual;
- That I will sign an Abuse-Free Sport Participant Consent Form if requested to do so by an Abuse-Free Sport Program Signatory;
- That this Consent Form shall remain in force and applicable for the duration of my involvement as an IST or Service Provider with the SMSCS; and
- That this Consent Form replaces any consent form or Policy that I previously signed for the SMSCS.

By signing this Consent Form, I acknowledge that, as of the date of signature, I am in good standing with my professional order and that I will immediately inform the SMSCS if my status changes.

Name (printed):		
Date:	 	
Signature:		