

WSIB Health and Safety Excellence Program Approved Provider
PSHSA Application and Service Agreement
2026-2027 Registration



Public Services Health & Safety Association (“PSHSA”) is an approved provider for the WSIB Health and Safety Excellence program and will provide services in compliance with the program delivery standards for providers.

Email completed forms to ExcellenceProgram@pshsa.ca.

Eligibility Criteria

To participate in WSIB’s Health and Safety Excellence program your business must be a Schedule 1 or Schedule 2 employer, have an active WSIB account number and demonstrate a commitment to health and safety excellence

When selecting topics in the HSEP digital portal, you will be required to confirm the following:

- I have reviewed the Health and Safety Excellence Program Manual ([2026 WSIB Health & Safety Excellence program manual](#)) and confirm that the topics selected represent new health and safety initiatives for my business, as defined by WSIB. [WSIB Health and Safety Excellence Program Topic Requirements](#)

- I understand that any topics submitted for validation that do not meet the definition of “new” will be deemed incomplete by WSIB and will not be eligible for rebates.

Exemption: For businesses with up to 99 paid employees and/or classified as micro, small or medium: You may choose any topic that you haven’t completed previously in the Health and Safety Excellence program, COR2020® or ISO 45001:2018.

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Firm ("Business") Information

Firm (Full Legal Name):		Parent Company (if any):	
Sector: <input type="checkbox"/> Education & Culture <input type="checkbox"/> Government & Municipal <input type="checkbox"/> Health & Community Service <input type="checkbox"/> Public Safety <input type="checkbox"/> Other _____			
WSIB Account Number:	Number of Locations Covered by this WSIB Account:	# of Paid Employees:	
<input type="checkbox"/> Schedule 1 Firm <input type="checkbox"/> Schedule 2 Firm	If Schedule 1 Firm, provide annual WSIB Premium Value (Prior Year):		
Address:			
City/Town:	Province: Ontario	Postal Code:	
Primary Contact Name:	Contact Title:		
Email:	Telephone Number:	Ext:	
Secondary Contact Name:	Secondary Email:		

Service Fees

** WSIB provides each member \$1,000 for every new & approved health and safety action plan created. **

Please select the appropriate fee category. Prices in effect May 4, 2026. Subject to change.

<p>Schedule 1 Firms</p> <input type="checkbox"/> \$0-\$100,000 in WSIB premiums = \$1,000 + HST <input type="checkbox"/> \$100,001 to \$250,000 in WSIB premiums = \$1,500 + HST <input type="checkbox"/> \$250,001 + in WSIB premium = \$2,200 + HST	<p>Schedule 2 Firms</p> <input type="checkbox"/> \$1,500 + HST
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Action Plan Timeline Extensions
A fee of **\$250 +HST** will be invoiced if a firm requests an **Action Plan timeline extension of up to three months** beyond the current program guidelines and provider procedures.

- The fee is **charged per extension**.
- One extension only** is permitted per Action Plan.

If an Action Plan is **not submitted within six months of registration**, the firm will be **withdrawn from the program**, and the **registration fee will be forfeited**.

Billing Information

Check here if billing address/contact information is same as above. Otherwise, complete this section.

Firm (Full Legal Name):

Address:

City/Town:	Province: Ontario	Postal Code:
Billing Contact Name:	Billing Contact Title:	
Billing Email:	Billing Telephone Number:	Ext:

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Payment Methods

<input type="checkbox"/> Cheque (payable to Public Services Health and Safety Association) <input type="checkbox"/> Credit Card (PSHSA will contact your firm to obtain information) <input type="checkbox"/> EFT (Customer to set up. PSHSA to provide banking info on request)	PO Number, if required on the invoice:
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Registrations are reviewed and must be approved by PSHSA before processing. Once approved, the firm will receive a welcome email that includes a provider link to access the WSIB Excellence Program portal. An invoice will also be issued at the time of approval. Please note that all fees are non-refundable.

Service Description

- PSHSA shall:
- Provide the Business with access to the WSIB Digital Portal.
 - Provide guidance in the selection, development, and completion of applicable health and safety topics.
 - Review and provide feedback on evidence submitted by the Business prior to submission to WSIB for validation.
 - Provide access to applicable templates, sample standards, resources, and tools; and
 - Facilitate knowledge-sharing opportunities through program webinars, where applicable.

Service Term

- The Program includes up to **90 calendar days** for topic selection following access to the WSIB Digital Portal and up to **twelve (12) months** thereafter for topic completion, commencing on the **Agreed Start Date**.
- If more than **365 days** are required to complete the Action Plan, the Business may request **one (1) extension of up to three (3) months**, subject to current program guidelines, and payment of the applicable extension fee.
- The Action Plan must be approved by your Lead Consultant within 90 calendar days of receiving your registration welcome email. If an approved Action Plan is not submitted in the portal within 180 calendar days of registration, you will be withdrawn from the program without a refund. To rejoin the program, you will need to sign a new service agreement and pay the application fee again.
- **The Agreed Start Date will be the date of the welcome email.**

Extended Services

Following WSIB online and, where applicable, onsite validation, PSHSA may provide recommendations to address identified gaps in submitted evidence. Extended consulting support is limited to **up to 60 calendar days** from the date of WSIB validation and applies solely to additional evidence requirements.

Additional Services

Additional health and safety consulting, training, policy review or development, and related products may be provided at additional cost under a separate agreement.

Terms and Conditions of Participation

The Business will:

- Select only **NEW**** topics that do **not** already have an approved related written standard.
- Submit a completed **Application and Service Agreement** to PSHSA to be registered in the **Health and Safety Excellence Program (HSEP)**.
- Maintain an **active WSIB account in good standing** to be eligible to participate in the program.
- Register with **only one Program Provider** per 90-day registration period and 12-month program cycle; switching providers during this period is not permitted.
- Complete a **one-time Health and Safety Assessment** through the WSIB Digital Portal.
- Voluntarily complete a **Health and Safety Culture Assessment**.
- Select **one (1) to five (5) NEW**** topics from the 41 approved topics outlined in the Topic Requirements list online and submit an **action plan within 90 calendar days** of accessing the WSIB Digital Portal.
- Attend all **required PSHSA Program Provider member webinars**.
- Access **PSHSA members-only resources**, including templates and tools available on the PSHSA members' only website.
- Complete and implement each selected topic using WSIB's **"Five Steps to Managing Health and Safety"** or the **Plan-Do-Check-Act (PDCA)** model.
- Develop and complete the selected topics for **all locations** associated with the WSIB account number registered in the program, unless the business formally scopes the entire action plan **prior to submitting topic selections** to WSIB.
- Submit a **topic evidence story** with appropriate supporting documentation for **WSIB online validation** between **90 and 365 calendar days**
- Submit the evidence story and supporting documentation to **PSHSA for review at least 4-6 weeks** prior to the WSIB submission deadline.
- Participate in the WSIB online **validation process**. Address any identified gaps within **60 calendar days**.
- Participate in a **WSIB onsite validation**, if selected.
- Designate a **primary point of contact** with PSHSA and notify PSHSA of any changes related to program progress, challenges, or contact information.
- Adhere to all **program requirements** as outlined in the current edition of the **Health and Safety Excellence Program Manual for Program Members**.

By signing, the Business:

- Agrees to comply with the **Terms and Conditions of Participation** set out above and the full terms and conditions referenced herein.
- Agrees to pay all applicable **program fees** as outlined above; and
- Acknowledges understanding that **rebate and recognition eligibility** is determined in accordance with the WSIB Program Manual, and that all rebates and recognition are administered by WSIB and are **not guaranteed by PSHSA**.

Firm (Full Legal Name): _____

Name: _____ Title: _____

Signature*: _____ Date: _____

**Typed name is equivalent to signature.*

I have authority to bind Business

Email completed form to ExcellenceProgram@pshsa.ca