

Collaborating Organization Expression of Interest

Name of Organization: _____

Contact: _____ Email: _____

Type of Organization (Please check most applicable):

- Aboriginal health access centres
- Children's treatment centres
- Community health centres
- Community support services
- Elderly persons centre
- Home care service provider organization
- Hospitals
- Independent health Facilities
- Indigenous interprofessional primary care teams
- Laboratories
- Long-term care homes
- Mental health and addictions organizations
- Midwifery
- Municipality
- Nurse practitioner led clinics
- Pharmacy
- Retirement homes
- Other, please specify: _____