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: ___________________________________________

Please return completed form to info@connectedcarehalton.ca