

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@cchoht.ca