



APPENDIX A: EXPRESSION OF INTEREST (EOI) RESPONSE COVER PAGE FOR CLINICAL LEADS

Date of Submission:

EOI Role Title: Regional Primary Care Clinical Lead

Ontario Health Region:

First Name:

Last Name:

Credentials:

Primary Title or Appointment(s):

Email:

Phone Number:

	YES	NO
Are you a medical doctor or equivalent with a license to practice in Ontario?		
Are you a member of the College of Physicians and Surgeons of Ontario?		
Are you a member of the College of Family Physicians of Canada?		
Are you a member of the Royal College of Physicians and Surgeons of Canada?		
Are you a nurse practitioner with a license to practice in Ontario?		
Are you a member of the College of Nurses of Ontario?		

Enclosures:

Please specify number of enclosures and title of each document