



## Emergency Department (ED) Peer-to-Peer Program Peer Physician Application

Thank you for your interest in becoming an Emergency Department (ED) Peer Physician. Please refer to the role description for details.

Please fill out the following application, providing as much detail as possible. When complete, forward the application and any accompanying documents (such as CV) to [EDPeer@ontariohealth.ca](mailto:EDPeer@ontariohealth.ca)

Section	Name	Description
A	Physician Information	Basic contact information
B	Minimum Requirements/Eligibility	

### A: Physician Information

Name		
Home Address		
Office Address		
Region		
Phone		Email
Pager		Fax
Preferred method for contact when on-duty		Cell
		Pager
Assistant Name (if applicable)		
Phone		Email

## B: Minimum Requirements/Eligibility

### HUMAN RESOURCES CRITERIA

Willing to participate in a provincial 24/7 on-duty rotation for ED Peer-to-Peer

Yes

No

Able to fulfill on-duty expectations? (Provide shifts for scheduling, take scheduled shifts, find own coverage for changes)

Yes

No

Willing to answer pages/calls from ED Peer-to-Peer within 10 minutes

Yes

No

### CLINICAL CRITERIA

Currently on active staff at a hospital in Ontario

Yes

No

Name of Hospital:

Credentials are in good standing

Yes

No

Have the support of your hospital's Chief of ED to participate in the program, in addition to primary ED responsibilities

Yes

No

Have at least 5 years' experience in emergency medicine

Yes

No

Have experience working in rural, remote and low resource settings

Yes

No

If yes, please provide some details about your experience

Date you will first be available to take a shift:

<b>ADMINISTRATIVE CRITERIA</b>	
Commitment, in principle, to participate in data collection processes	
Yes	No
Willing to complete required documentation (e.g., notes, shift summary)	
Yes	No
<b>ONEID</b>	
Do you have an existing OneID?	
Yes	No, but willing to obtain
<b>TECHNOLOGY CRITERIA</b>	
Willing to use telemedicine for videoconferencing (providing own computer and high-speed network)	
Yes	No
Willing and able to use own method of electronic faxing capabilities to send consult notes to referral sites	
Yes	No
<b>TRAINING CRITERIA</b>	
Commitment to undergo training of telemedicine technology and ED Peer-to-Peer processes	
Yes	No
Willing to maintain skills & competencies by participating in mock ED Peer-to-Peer calls	
Yes	No
<b>INTEREST CRITERIA</b>	
Please provide some detail as to why you would like to be part of this program:	
Please identify and list the contact information for 2 references	
Reference 1: Name, Position, Phone/Email	Reference 2: Name, Position, Phone/Email
<b>Acknowledgement</b>	
I am providing my CV and/or additional documentation.	I have read and understood the application requirements.
Date:	