

# Health Professionals Advisory Committee

## Expression of Interest

Thank you for your interest in joining the Health Professionals Advisory Committee. Your support, interest and time are greatly appreciated. Please help us to direct your information by completing this brief overview.

### Your Contact Information

Name:

Telephone number (work):

Telephone number (home):

Email address:

### LHIN Location

I am interested in participating in the Health Professionals Advisory Committee and confirm that I either practice or reside within the Mississauga Halton LHIN.

### Registered Profession

I am registered as a member of the following health profession(s):

College of Physicians and Surgeons of Ontario

Please also check as applicable:

I am authorized to practice in the area of family medicine and I practice in the community

I am authorized to practice in a specialty of medicine that is not family medicine and I provide care to in-patients in a hospital

College of Nurses of Ontario

Please also check as applicable:

I work in the hospital sector

I work in the community care sector

I work in the long-term care sector

I hold a certificate of registration for registered practical nurses

College of Dietitians of Ontario

Please also check as applicable:

I work in the hospital sector

I work in the long-term care sector

I work in the community sector

College of Occupational Therapists of Ontario

College of Physiotherapists of Ontario

Ontario College of Pharmacists

Please also check as applicable:

I work in the hospital sector

I work in the long-term care sector

I work in the community sector

College of Psychologists of Ontario

Please also check as applicable:

I work in the community sector

I work in the long-term care sector

I work in the mental health sector

Ontario College of Social Workers and Social Service Workers

Please also check as applicable:

I work in the community sector

I work in the long-term care sector

I work in the mental health sector

Other registered health profession, please specify

### Additional Information

The regulation stipulates that an individual may not be a member of the committee if any of the following apply:

- The person is a member of the board or an officer of a corporation or entity that represents the interests of persons who are part of the health sector and whose main purpose is advocacy for the interest of those persons
- The person receives compensation to represent the interests of a corporation or entity described above, whether or not the person is an employee of the corporation or entity
- The person is a president, vice-president, chair, vice-chair, treasurer, secretary, chief executive officer or executive director of a local, provincial, national or international trade union or perform functions for a trade union similar to those normally performed by a person holding any of those titles
- The person receives compensation to represent the interests of a trade union, except if the person is an employee of the trade union
- The person has been the subject of a finding of professional misconduct, incompetence or incapacity in Ontario or any other jurisdiction and the finding has not been set aside on appeal or judicial review, as the case may be

I confirm that none of the above applies to me at the present time and/or will not apply to me at the time of appointment to the Health Professionals Advisory Committee.

Please tell us about the relevant experience you have related to health system improvement and integration and/or professional collaboration.

Please tell us why you would like to be part of the Health Professionals Advisory Committee.

### LHIN Contact Information

Please forward the above information and a brief copy of your CV to the Mississauga Halton LHIN via email ([mississaugahalton@lhins.on.ca](mailto:mississaugahalton@lhins.on.ca)) or by fax (905-337-8330). Thank you again for your interest in the Mississauga Halton LHIN's Health Professionals Advisory Committee. We look forward to contacting you shortly.