Member Application Form

For Medicine Professional Corporations (MPC)

Please note: Information submitted may require verification.

Name of Medicine Professional Corporation:

Registered Office Address:

City:

Province:

Postal Code:

Contact Information

A. Named Physician

Name:

CPSO Registration Number:

Email:

Phone Number:

B. Application Contact (if not Named Physician)

Name:

Relationship to Named Physician:

Email:

Phone Number:

C. Billing Contact (if not Named Physician)

Name:

Title:

Email:

Phone Number:

OHA Membership Information

1. Interest in Membership

Please indicate your reasons for becoming a member of the Ontario Hospital Association (OHA). Check all that apply.

- [ ] Participation with the Healthcare of Ontario Pension Plan (HOOPP)
- [ ] Participation in Group Home and Auto Insurance (through The Personal Insurance Company)
- [ ] Other, please explain:

2. Effective Date

Please specify the date you would like your membership with the OHA to be effective. The date can be retroactive to the beginning of the calendar year in which approval would be granted or a date in the foreseeable future. If no date is specified, then membership will be effective the day the OHA Board of Directors issues the membership.

Corporate Information

The OHA uses information about your organization in our assessment of eligibility and analysis of membership class and dues. Please complete all information requested.

3. Describe your practice model (e.g., part of primary care team, specialist providing care to patients in hospital), including connections with other health care providers.

4. Date of Incorporation:

5. How many employees do you intend to enroll in HOOPP?

6. List the hospitals where physicians employed by the MPC have privileges. Respond "not applicable" if none have hospital privileges.

7. Please include other information that would be helpful in the review of your application.

8. References

Please provide one reference from the health care sector. Examples of possible references are executives from health care organizations including hospital or long-term care facility CEO, Chief of Staff, Clinical Director, other Chief or Vice President.

Organization:

Contact Name:

Contact Phone Number:

Contact Email Address:

Documentation Required

This application must be accompanied by the MPC's Articles of Incorporation and all amendments to them.

Acknowledgement and Consent

I acknowledge that:

- The OHA may review the CPSO registration record for each MPC named physician.
- The OHA is committed to a collaborative high-performing health system that serves the needs of all Ontarians.
- Membership in the OHA shall not constitute an endorsement by the OHA of an organization or its products and/or services.
- Members are not permitted to use the OHA's registered marks in any branding or marketing materials or resources, without prior permission of the OHA. Use of the OHA's marks without express written consent may result in loss of membership without any refund of dues.
- The OHA may, at the sole discretion of the Board of Directors, grant or deny membership to any organization and cancel memberships.

I consent to HOOPP providing membership information about the organization to the OHA for the purposes of verifying information relevant to the organization's OHA membership.

NOTE: Before signing this form, please confirm accuracy of content. Once the form is signed, the content cannot be changed.

Signature

Please email your completed form, along with your Articles of Incorporation to membership@oha.com.