

PART 1: SITE INFORMATION

SITE NAME _____ DATE OF REQUEST (DD/MM/YYYY) _____

SITE ADDRESS

UNIT _____ STREET NUMBER _____ STREET NAME OR POST OFFICE BOX NUMBER _____ POSTAL CODE _____

CITY/TOWN _____ TELEPHONE NUMBER _____ FAX NUMBER _____

SITE EMAIL _____

PRIMARY CONTACT INFORMATION: Person responsible for working with MBTelehealth during implementation

LAST NAME _____ FIRST NAME _____ DAYTIME TELEPHONE NUMBER _____

JOB TITLE/POSITION _____

EMAIL _____

How would you describe your site:

Health centre _____ Long term care and rehab _____ Primary care _____ Other _____
Hospital/acute care _____ Nursing station _____ Specialty clinic _____

PART 2: ADMINISTRATIVE

Is the site owned and operated by:

Manitoba RHA _____ Indicate which RHA: _____
CancerCare Manitoba _____ Diagnostic Services of Manitoba _____ Federal _____
First Nations _____ Fee For Service _____ Provincial _____ Other (describe): _____

PART 3: FUNDING

A licensing fee and a camera may be required. Do you have funding for this?

PART 4: APPLICATION APPROVAL

All applications must be approved by the appropriate authority for the site prior to submission (e.g. CEO, Program Director, Clinic Owners). Please indicate the name and title of that person below:

Please print name: _____ **Title:** _____

Send completed form to:
MBTelehealth
772-715 McDermot Ave.
John Buhler Research Centre
Winnipeg MB R3E 3P4
Email: servicedesk@manitoba-ehealth.ca
Fax: 1-204-975-7787

For more information:
Website: www.mbtelehealth.ca
Phone: 204-940-8500 Option 4
(toll-free) 1-866-999-9698 Option 4