

**Declaration of Intent to Participate as
Primary Care Physician/Physician Group/Specialist
Affiliate OR Member (Circle one)**

Name: _____

Practice Model: _____

Specialty: _____

Practice Location: _____

Contact email address: _____

Contact phone number: _____

I am signing this on behalf of (Circle one):

Myself

A group: _____

If on behalf of a group, I declare that I have the consent of the majority of the group to represent it herein as set out in our group governance agreement, as applicable.

Yes No (Circle one)

I understand and declare that:

1. The _____ Ontario Health Team has been invited by the Ministry of Health to submit an Ontario Health Teams Full Application towards becoming an Ontario Health Team Candidate (OHTC).

2. The Full Applications requests physicians who are willing to identify as **either members or affiliates**, as set out below.

3. A **Member Physician** is one who is expressing intent in this Full Application to:

a) upon OHTC formation, sign the Year 1 OHTC agreement with the Ministry; and,

b) in future, based upon expertise and capacity, deliver services as part of the OHT.

4. A **Collaborating or Affiliate Physician** is one who is not ready to identify as a Member, but is nonetheless expressing intent in this Full Application to:

a) upon OHTC formation, have further discussions with it to explore coordination of services or other collaboration as may be possible and agreeable; and,

b) in future, consider eventual partnership with or being a member or other part of the OHTC, but at present, not sign on to the Year 1 Ministry agreement.

AS PER THE ABOVE, I AGREE TO PARTICIPATE AS A:

MEMBER

Or

AFFILIATE

(circle one).

Despite anything set out herein, the intention expressed in this letter is non-binding in nature. The physician and/or group may decline to participate in future agreements and may revoke their participation at any time.

Signature: _____

Dated this of _____, 202_ .