Application to become a PCN Host

Expression of Interest in Host FP/NP Contracts within Primary Care Networks in Richmond

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PLEASE PROVIDE DETAILS ABOUT ALL OTHER HEALTH P	PROFESSIONALS WORKING IN THE CLINIC
Last Name:	First Name:
Role:	
In-clinic hours/week:	Virtual care hours/week
Last Name:	First Name:
Role:	
In-clinic hours/week:	Virtual care hours/week
Last Name:	First Name:
Role:	
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Last Name:	First Name:
Role:	
In-clinic hours/week:	Virtual care hours/week
Last Name:	First Name:
Role:	
In-clinic hours/week:	Virtual care hours/week
Last Name:	First Name:
Role:	
In-clinic hours/week:	Virtual care hours/week
PLEASE PROVIDE DETAILS ABOUT EACH MEMBER OF TH	IE CLINIC SUPPORT STAFF
Last Name:	First Name:
Role:	In-clinic hours/week:
Last Name:	First Name:
Role:	In-clinic hours/week:
Last Name:	First Name:
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DETAILS ABOUT THE PRACTICE

Describe the on-call arrangements presently in place for practice coverage:

O Neighbourhood Network Call Group O Physician Call Group Name:

Approximate number of participants sharing the call:

O Cover Own Call ≻ Describe the contact arrangements in place (office phone system alerts, cell pager, etc.):

Describe your experience with clinic team development:

Describe your experience with attachment for your clinic, including any challenges.

PLEASE COMPLETE ONLY THE SECTION(S) THAT APPLY TO YOU

Attachment Requirements of PCN FPs I understand the attachment requirements of the FP contract: O Yes O No
Requirements: Attachment of patients for Year 1 and an attachment of patients
for Year 2 of the FP contract.
Attachment Requirements of PCN NPs I understand the attachment requirements of the NP contract: O Yes O No
Requirements: Attachment of patients for Year 1, patients for Year 2 and patients for Year 3 of the NP contract.





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there is any further information that will support your Expression of Interest, please add it here:	

IMPORTANT: By submitting this application, I acknowledge that I have reviewed the PCN FP/ NP contracts in detail and understand PCN contract deliverables. Please submit your EOI to support@rdfp.ca. We will confirm the receipt of all submissions by email.



