

OTN Member Contact Information Update Request Form		
Section 1 - Requestor <i>(complete all fields)</i>		
Date:	Requested by:	
Phone:	Email:	
Organization Name:	OTN Site No.:	
Section 2 - Type of Change		
<i>Indicate the type of change by marking only one of the shaded sections below.</i>		
Add the contact in Section 3 to the OTN membership database	Remove the contact in Section 3 from the OTN membership database	Apply changes to the existing OTN contact identified in section 3
Section 3 - Change requested to the following Contact		
<i>(complete all fields)</i>		
Name:	Title:	
Address:	Suite:	
City:	Province:	Postal Code:
Phone:	Fax:	E-Mail:
Organization Name:	Site No.: <i>(type "all" if contact update applies to all sites within your organization)</i>	System No.: <i>(type "all" if contact update applies to all systems within your organization)</i>
Section 4 - OTN Roles that apply to the contact in Section 2		
<ul style="list-style-type: none"> <i>If you are removing a contact from the OTN database (indicated in Section 2), it is not necessary to complete this section.</i> <i>If there are no changes to the contact's role, it is not necessary to complete this section.</i> 		
Choose the role(s) below that apply to the contact in section 3 and indicate the type of change - A or R		
Telemedicine Coordinator Telemedicine Coordinator - Backup Technical Contact Technical Contact - Backup Scheduler Medical Director Member Primary Contact Physician (referring) Physician (consulting) Telestroke Neurologist	Communications Specialist Executive Manager (not incl. hospital CEO) Hospitals Only CEO OTN Only Staff KO Only Community Telemedicine Coordinator Community Telemedicine Coordinator - Backup	
Comments		

Send completed request to ContactUpdates@otn.ca

Office Use Only

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Section 1

In this section, the person submitting the request fills in his or her contact information. This information is especially important if we have to follow up to clarify or verify information.

Section 2

In section 2, identify only one type of change to be applied. You must identify whether you are

- Adding a new contact
- Removing an existing contact
- Changing an existing contact. This includes changes to the contact's address, phone, fax, etc. It may also include adding or removing the contact's roles (see Section 5).

If you do not know what contacts exist for your organization, site or system, you may contact us by e-mail or phone for further information. See our contact information at the bottom of this form.

Section 3

This section identifies the person for whom the change should be applied. It may or may not be the same person that is submitting the request. Please complete the site and system information - is necessary to ensure we are updating the contact for the appropriate site and/or system.

Section 4

Here, you identify changes to the contact's OTN role. The OTN role(s) chosen should describe the contact's primary responsibility(ies) with respect to telemedicine at your organization. The OTN role may or may not exactly match the contact's title at his or her organization - it is meant to help us find the most appropriate person within your organization for various OTN-related activities and communications. Not all organizations will have individuals identified for each OTN role and one contact may have more than one OTN role.

For each contact change, indicate whether you want to add or remove a specific role to the contact by placing an A or R in the box beside the role description. If a role doesn't apply to the contact, just leave the box blank. If you are removing a contact name from our records entirely, there is no need to fill out section 4, but you must indicate that you are removing the contact in section 2.

Here is an example of a change in role: Julie Smith is no longer a Telemedicine Coordinator, but will now act as the organization's primary Technical Contact. In this case, you would type an "R" in the box beside Telemedicine Coordinator and an "A" in the box beside Technical Contact. Julie's contact information must also be filled out in Section 3.

If you are submitting changes for more than one contact, a separate form must be filled out for each person.

Below are roles that may require some clarification:

Member Primary Contact - this is the person OTN will contact should there be uncertainty about a request to change contact information. We will also contact this person for membership questions or updates.

Executive Manager (not incl. hospital CEO) - this is someone who is on the organization's executive management team. Please do not include hospital CEOs here - there is a separate role identified for CEOs at hospitals.

Communications Specialist - this is the individual responsible for communications/public relations/public affairs within the organization.

At the bottom of the sheet, space is provided for additional information regarding the request. Please send completed forms to OTN via the information at the bottom of the form. You may also contact your OTN Regional Program Manager for other information or requests.

Send completed request to ContactUpdates@otn.ca

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