**JOINING NORTHH**

Thank you for your interest in joining NORTHH.

Please complete the following steps to become a clinician participant in NORTHH.

**READ**:

https://www.dfcm.utoronto.ca/sites/default/files/poplar\_letter\_of\_information\_and\_physician\_consent\_1.pdf

**SIGN** these 2 forms – one for each participating clinician:

Page 8 - <https://www.dfcm.utoronto.ca/sites/default/files/poplar_letter_of_information_and_physician_consent_1.pdf>

<https://www.dfcm.utoronto.ca/sites/default/files/poplar_provider_questionnaire.pdf>

**COMPLETE** this form – one for your entire clinic:

NORTHH Clinic Intake form



**EMAIL or FAX** the signed forms to:

[NORTHH@nosm.ca](mailto:NORTHH@nosm.ca)

807-229-2672 Attn: Dr. Barb Zelek

**POST** in exam rooms/online:

<https://drive.google.com/file/d/1qInIA_2cRRl3OZ4jprxP8CWeyiOJlzVN/view>