

ALLIANCE OF COMMUNITY MEDICAL & REHABILITATION PROVIDERS (ACMRP, "The Alliance")

Membership Form

Please check the appropriate option:

<input type="checkbox"/>	1 person practice (\$350 for the Oct 2011 – Sep 2012 period)
<input type="checkbox"/>	1-2.5 FTE* practice (\$700 for the Oct 2011 – Sep 2012 period)
<input type="checkbox"/>	3+ FTE* practice (\$1,000 for the Oct 2011 – Sep 2012 period)

* FTE = Full Time Equivalent (e.g., 2 half time therapists = 1 FTE)

****RENEWING MEMBERS WHO'VE ALREADY COMPLETED PAGE 2 DO NOT NEED TO COMPLETE PAGE 2 AGAIN UNLESS THERE ARE CHANGES****

Referred by: Name _____ **Company** _____

Primary Contact Information:

Organization Name:	
Contact Name:	
Contact Title:	
Phone Number:	
Email:	
Website:	
Mailing Address:	
Contact Signature:	

By signing this form, I agree to pay the amount of funds accurately representing the size of my company, and I agree for my name / company name, phone number and website (if I have one) to be displayed on the ACMRP website and released as public information.

Additional Contacts (a 2-FTE practice can add 1 additional contact; a 3+ FTE practice can add 2):

Contact Name:	
Email:	

Contact Name:	
Email:	

Disciplines Employed:

Physiotherapy
Occupational Therapy
Chiropractic
Kinesiology
Massage Therapy
Case Management
Physician

Psychology
Speech-Language Pathology
Social Work
Rehabilitation Therapy
Nursing
Vocational
Other:

Total FTE (full-time equivalents)

(e.g., 2 half time employees = 1 FTE)

Funding Sources Accepted:

Auto Insurance
WSIB
OHIP / CCAC / Other Government
Long Term Disability

Veterans' Affairs
Extended Health
Self Pay
Other:

Services Provided:

Section 25/38 Assessment/Treatment
Plaintiff Medical-Legal
Future Care Costing

Section 44 Assessments
Defense Medical-Legal
Other:

Geographic Regions Served:

Greater Toronto Area
Kitchener – Waterloo – Cambridge
Barrie – Orillia
Peterborough – Kingston – Ottawa
Timmins

Hamilton – Niagara
London – Windsor – Sarnia
North Bay – Sudbury
Thunder Bay
Other:

Please make cheque payable to:

Alliance of Community Medical & Rehabilitation Providers
(short form if limited cheque space: Alliance of Comm Med & Rehab Providers)

Please mail cheque to:

Alliance of Community Medical & Rehabilitation Providers
c/o Pat Gaughan
Bartimaeus
600 Brant St.
Burlington, ON L7R 2G2

*For more information, contact the Alliance Membership Coordinator:
Pat Gaughan pgaughan@bartimaeus.com*