



COPD Program Registration

Participant Name: _____

Name of Organization: _____

Your position/title: _____

Organization Address (*Street, City, Postal Code*): _____

Office Phone: _____ Cell Phone: _____

Email address (*you will be sent program communication to this address*):

Do you require a follow-up meeting to assist with organization? (circle) Yes No

Do you require on-site education? (circle) Yes No

What is your biggest COPD-related issue in your home?

Acknowledgement

You have agreed to participate (voluntary) in the OLTCA COPD Program and COPD Connect. By completing this registration form you are granted access to the copdconnect.ca portal. You understand the content (some or all) will be updated over time and it is your responsibility to visit copdconnect.ca to access the most recent version(s) of the COPD protocol and support materials. The program is intended for use in long term care homes and retirement communities. Your personal information is intended for program use only and will not be shared with any other person(s) or organization(s).

Signature: _____ Date: _____