



Interior Health Authority
Canada

Interior Health

Participant Registration and Statement of Collaboration Form

Project ECHO Program: Mental Health & Substance Use

Start Date: Wednesday, January 30, 3:30 pm – 5:00 pm

Participant Name: _____

Degree/License Type (e.g., MD, NP, RN, etc): _____

Telephone: _____ Email: _____

Organization/Practice/Worksite Name: _____

Address: _____ City/Community: _____

Note: Each individual must pre-register and complete this form.

Participant Commitment and Statement of Collaboration:

I have read the Program Overview and by signing this form, I agree that I am committed to working with Project ECHO in Interior Health and will:

- Participate in each Project ECHO case-based learning session, using a virtual meeting platform. It is recommended that each participant attends at least 6 sessions to maximize the learning.
 - Each virtual learning session is 90-minutes in duration and will consist of a case presentation and brief lecture with Q&A. Internet access and a webcam are required. This program uses Zoom web conferencing software; a link to the session will be shared with participants prior to each session.
- Submit (de-identified) case(s) and present to the group
- Complete a post-assessment survey at the end of each session
- Provide requested evaluation feedback at the end of the full program

I understand that:

- Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any teleECHO clinician and any patient whose case is being presented in a teleECHO session, and
- While the case consultations and teleECHO sessions may offer recommendations regarding effective evaluation, care, and treatment options, these represent recommendations only. The patient's treating provider retains sole responsibility for selecting and implementing the plan for evaluation, care, and treatment of the patient.
- My contact information will be shared with other members of this program's cohort.

Sign by typing name: _____ Date: _____

Return completed form to one of the following:

Email: echo@interiorhealth.ca Fax: (250) 549-6358 Mail: 1440-14th Ave, Vernon, BC, V1B2T1