



## MISSISSAUGA HALTON PRIMARY CARE NETWORK

### Expression of Interest for Core Network Members

Send application to [info@primarycarenetwork-mh.ca](mailto:info@primarycarenetwork-mh.ca) or fax to 905-337-8330 Attn:  
Chantale Laing

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The Mississauga Halton Primary Care Network needs to have a membership that is as diverse as primary care. Please tell us a bit about how you practice as a Primary Care Provider.

**Profession:**  Physician  
 Nurse Practitioner  
 Other: \_\_\_\_\_

#### Where do you practice within the LHIN?

Halton Hills  Milton  
 Oakville  Mississauga  
 Etobicoke

#### Why do you want to act as a Core Network Member within the Mississauga Halton Primary Care Network?

[Click here to enter text.](#)

Thank you for your interest in the Mississauga Halton Primary Care Network. If you have any questions about this application or the role of Core Member of the Primary Care Network, please contact: Dr. Paul Philbrook ([paul.Philbrook@thp.ca](mailto:paul.Philbrook@thp.ca)) or Dr. Kristiana Martiniuk ([klcmartiniuk@gmail.com](mailto:klcmartiniuk@gmail.com)).