

SRERS Administration Peterborough Regional Health Centre

CTO Stream

Sharing:

All Provincial Initial Application (PIA) forms and Centre Initial Application (CIA) forms must be shared with the following collaborator:

Email: lmikula@prhc.on.ca

Role: Institutional Representative

Institution Representative in application forms

The Primary Institution Representative must be indicated as follows in the applications within CTO Stream:

Title:	Dr.
First Name:	Lynn
Surname:	Mikula
Organization:	Peterborough Regional Health Centre
Address:	1 Hospital Drive
City:	Peterborough
Province/State:	ON
Postcode/Zip:	K9J 7C6
Telephone:	705-743-2121 x3225
Fax:	705-876-5834
Email:	lmikula@prhc.on.ca

The Secondary Institution Representative field should be left blank.