

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: pmclaugh@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: Peter
Surname: McLaughlin
Organization: Peterborough Regional Health Centre
Address: 1 Hospital Drive
City: Peterborough
Province/State: ON
Postcode/Zip: K9J 7C6
Telephone: 705-743-2121 ext 3280
Fax:
Email: pmclaugh@prhc.on.ca

The Secondary Institution Representative field should be left blank.