

## SRERS Administration Peterborough Regional Health Centre

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### **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](mailto: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 x3280  
Fax:  
Email: [pmclaugh@prhc.on.ca](mailto:pmclaugh@prhc.on.ca)

The Secondary Institution Representative field should be left blank.