



Please tell us a little about you.

Name

Title/Occupation

Employer

Email

Phone

Are you a Digital Health Canada member? Yes No

Tell us about your idea.

Please include details about what you would like to study and how you might present your findings.

Large empty rounded rectangular box for entering details about the idea.

Thank-you for your interest. Please send the completed PDF to communities@digitalhealthcanada.com. A Digital Health Canada staff member will contact you with questions or to let you know about next steps.

For Digital Health Canada use

Date submitted

Approved by

Date