Ministry of Health
Health Services Branch
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P.O. Box 48
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Notice of Changes to ICHSC Schedule A Locations (For Mobile Licences)

Notice of Collection

Collection of this information by the Ministry of Health (ministry) is for purposes related to the administration of the *Integrated Community Health Services Centres Act*, 2023 (ICHSCA). The ministry collects, uses and discloses this information for these purposes under the authority of the ICHSCA, Section 58. For information about collection practices, contact the Manager, Integrated Community Health Services Centre Program, at ICHSC@ontario.ca.

General Information

Licensing is specific to a site. Mobile licensees provide services to locations approved by Director, Integrated Community Health Services Centre (Director). These locations are listed on the Conditions and Limitations of the Licence, Schedule A (Schedule A). It is the responsibility of the licensee to maintain an accurate list of locations.

Schedule A locations are defined as any of the following:

- Nursing Homes and Homes for the Aged
- Retirement Homes – regulated by the *Retirement Homes Act, 2010*
- Provincial Correctional Institutions
- Mental Health and Addiction Centres
    - Rural/Remote Areas (defined as those with a population of less than 30,000 that are greater than 30 minutes away in travel time from a community with a population of more than 30,000)
- In support of infertility
- Residence - Private

Note: the following condition applies for licensed ultrasound services in support of infertility, to restrict these services to:

> the patients of a [specified clinic] in the: (1) associated investigation of infertility and cycle monitoring to support natural conception; and (2) early pregnancy monitoring up to and including the patient's 10th week of pregnancy only for patients who underwent fertility investigation, monitoring, or treatment at [specified clinic].

The licensee must complete this form to notify the Director about any administrative change to Schedule A (e.g. operating name or address change in relation to a Schedule A location), for the Director to accordingly amend the limitations and conditions of the licence.

Please provide the information on the following pages and appropriate documentation to: ICHSC@ontario.ca.

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General Background Information

Licensee Name

Operating Name

Billing Number	Licence Number

I believe the information provided in this notice to be complete, accurate and truthful and understand that the Director may revoke or suspend a licence if false or misleading information has been provided. I understand that the information provided in this notice may be shared with relevant third-parties. I understand that the information provided in this notice is subject to the *Freedom of Information and Protection of Privacy Act*.

Applicant Name (First and Last Name)		Date (yyyy/mm/dd)

Circumstances for Changes to Schedule A Location

Section 1 – Facility Information

Master Number Index (MNI) Site Number

Modality of services provided at facility

Effective date of proposed changes (yyyy/mm/dd)

Person(s) at the Schedule A location who may be contacted with respect to this proposal:

Name

Title (e.g., Owner, Administrator, Director)

Telephone Number	Email Address

Section 2 – Changes to Facility name

Current Ownership Name

Proposed Ownership Name

Current Operating Name

Proposed Operating Name

Section 3 – Changes to Facility location

Current Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Proposed Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Distance from Current Schedule A location (km)

Please provide a map showing the exact location of the proposed location (ie: the main intersection, street address):