Request for Permission to Reproduce/Adapt PHO Materials

Public Health Ontario | Santé publique Ontario

Please complete this form and return it to communications@oahpp.ca.

Requestor Information

Name: _____ Title: _____

Organization: _____

Address: _____ City: _____

Postal Code: _____ Province: _____ Tel: _____

Email: _____

Do you intend to use the requested materials for commercial or profit-related activities?

☐ Yes ☐ No

Material(s) to be adapted (insert a URL or attach the relevant document):

Please describe the intended use of the materials:

Please describe in detail how you plan to adapt the materials, including the specific content you intend to add, remove or modify. If helpful, you may also attach an example or marked-up version showing the proposed changes.

Is this a request to reproduce a PHO course within your Learning Management System (LMS)?

☐ Yes ☐ No If yes, approximately how many learners do you anticipate will complete this course each year? _____

Ontario