



## A. TRAINING INFORMATION

This section asks for information that is required to register a trained and certified Ostomy Visitor Coordinator.

Certified Trained Visitor Coordinator's Name:

Name of local Ostomy Group:

Location:

Trainer's Name:

Date Trained:

Expected Expiry Date:

Is group membership current or are you registered as a National Supporter? Yes No  
(Fee must be paid to a coordinator or you will not be covered by OCS insurance.)

## B. CONTACT INFORMATION

This section asks for the Visitor Coordinator's contact and demographic information.

Address:

City:

Province:

Postal Code:

Email:

Phone:

Year of Birth:

Ostomy Type:

Colostomy

Ileostomy

Urostomy

None

SASO

## C. GROUP AUTHORIZATION

This section asks for the Chapter or PSG president or facilitator's authorization.

Group President or Facilitator's Name:

Signature:

Date:

Please return to Ostomy Canada Society. This information is a priority for our national data for Visitor Coordinators. Ostomy Canada Society protects the confidentiality of the information collected within this document.

Submit this form via email to: [info1@ostomycanada.ca](mailto:info1@ostomycanada.ca).

Visit us online at [ostomycanada.ca](http://ostomycanada.ca) or call toll-free at 1-888-969-9698

Revised 03-2023-TS