483 Bay Street South Tower,
4th Floor Toronto, Ontario M5G2C9
Tel: 416-363-4001(in Toronto) or
1-800-263-2833
Fax: 416-363-4002

RECOVERY PERSONNEL CERTIFICATION FORM

TO: Trillium Gift of Life Network

FROM: [Recovery Agency/Hospital]

RE: Quality Assurance for Members of Recovery Teams

Attached is an updated list of personnel participating on the recovery teams on behalf of our organization from time to time.

As the Medical Director / Designate of this program, I certify the following:

- Recovery personnel have been granted privileges (if required) at the Hospital in accordance with the Hospital's process under its by-laws; and / or

- Staff members that are listed have the appropriate training and credentials to perform recovery of all of the tissues/organs indicated.

Furthermore, I will provide TGLN with any additions to or deletions from this list in a timely manner. I will remove from the list any recovery personnel who ceases to meet these qualifications and I will notify TGLN in a timely manner.

Signature: ________________________________ Date: ______________

Name: ________________________________

Title: ________________________________

The list must contain the information below:

- First and last name
- Title/role
- Hospital/Organization/tissue bank
- Certification/Registration # (if applicable)
- Expiry date of team participation, if any
- Name of physician / designate certifying credentials
- Name of organ / tissue speciality

LIST OF AUTHOURIZED RECOVERY PERSONNEL

Instructions:

Please provide all of the following information on the recovery personnel participating on the recovery teams at your programs. Submit the signed – off Recovery Personnel Form and the completed List of Authorized Recovery Personnel to: credentials@giftoflife.on.ca

First Name	Last Name	Title/Role	Hospital/Organization/Tissue bank	Certification/ Registration # (i.e. EBC, CTBS, CPSO#) *N/A if not applicable*	Expiry date of team participation, (if any)*	Name of physician/designate certifying credentials	Name of organ/tissue speciality

** Program Medical Director/designate will be required to re-verify credentials of recovery personnel every 2 years unless otherwise stated.*