# memorandum of understanding

# Participation in Canadian HeMispheres™ e-learning program

## This memorandum of understanding is between:

|  |  |  |  |
| --- | --- | --- | --- |
| CRSN Stroke Network | AND | Applicant name: | **Click here to enter text.** |
|  |  | Place of work: | **Click here to enter text.** |
|  |  | Work Address: | **Click here to enter text.** |
|  |  | City, Province: | **Click here to enter text.** |
|  |  | Postal code: | **Click here to enter text.** |
|  |  | Applicant email address: | **Click here to enter text.** |

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| --- |
| LICENSE KEY CODE: |
| Your license key will be released to you upon receipt of a signed copy of this Memorandum of Understanding |
| AGREEMENT: |
| * I will create an account on the *Apex Innovations* website to become a user of the *Hemispheres™  – Stroke Competency Series*. * I will specify online to which Facility I belong to in the CRSN Stroke Network. * I acknowledge I have until March 1, 2017 to complete the series. * I understand I must complete the series. * I will review the USER GUIDE so I am familiar with how to navigate the curriculum. * I will not use my license key for other uses other than for my own personal participation in the series. * I understand and acknowledge that each user must possess their own license key and create their own account. * I understand the *Hemispheres™* curriculum is not to be used in a classroom setting to educate a class. * I understand that I can take each module’s test repeatedly until I obtain a passing score of 80 %. * I will participate fully in the entire series in the *Hemispheres™* curriculum. \*\* * I can print CERTIFICATES of COMPLETION for my own records once completed**.** * I will inform my Manager that I am participating in this course. Name of Work Manager: Click or tap here to enter text. |
| TERMS: |
| There is no cost to the participant listed in this agreement. The fee for the license code granting full access to the *Hemispheres™* curriculum for up to one year has been paid in full by the CRSN Stroke Network. Please print this form and sign below. **Return by fax to Marianne Thornton, Education Coordinator at 613-761-5009 or by email to** [**EduCoord@champlainregionalstrokenetwork.org**](mailto:EduCoord@champlainregionalstrokenetwork.org?subject=Hemispheres%20agreement) |
| Administration: |
| The Regional Education Coordinator (REC) is able to view modules completed, test scores, time spent per module, completion of series, certificate printing etc. for each participant.  The REC will be available to help you find answers to questions you may have along the way. If required, the REC can direct you to the appropriate department at *Apex Innovations* for assistance with your questions, concerns, or suggestions for the curriculum.  \*\*If it is not applicable to your discipline, you are not expected to complete the **NIHSS CERTIFICATION** module. |

## REPRESENTING the CRSN Stroke Network *(to be filled out by hand and faxed or emailed back to coordinates above)*

NAME (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Participant in hemispheres™ stroke competency e-learning program

NAME (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_