**BCWH PROGRAM / RESOURCE SIGNING AUTHORITIES FOR INSTITUTIONAL APPROVALS**

**AMBULATORY PROGRAMS**  
For access to anyBCWH program the signatures of the Program Manager, Medical Director/Lead & Executive Director of the WHRI are required. Please refer to the [BCWH Program Utilization Form Guidance Notes](http://www.phsa.ca/researcher/Documents/BCWH%20PU%20Form%20Guidance%20Notes.docx) for the submission process.   
Each Program/Clinic reviews these requests in a different manner, but generally program approval can take **6-8 weeks** or longer, please plan according.

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| --- | --- | --- | --- |
| **PROGRAM CONTACT** | **TITLE** | **PHONE** | **EMAIL** |
| **BREAST HEALTH** | | | |
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| **COMPLEX CHRONIC DISEASE PROGRAM** | | | |
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| **GYNECOLOGY AND SEXUAL HEALTH PROGRAM** | | | |
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| **GYNECOLOGY DAYCARE SURGICAL SERVICES** | | | |
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| **MATERNITY AMBULATORY PROGRAM** | | | |
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| MAYER, Dr. Chantal | Medical Lead (Ultrasound) | 3174 | [cmayer@cw.bc.ca](mailto:cmayer@cw.bc.ca) |
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| **NURSE PRACTITIONER SERVICES** | | | |
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| **OAK TREE CLINIC** | | | |
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| **PENICILLIN ALLERGY CLINIC** | | | |
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| **PROVINCIAL MEDICAL GENETICS PROGRAM** | | | |
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**ACUTE PROGRAMS**For access to any BCWH program the signatures of the Program Manager, Medical Director/Lead & Executive Director of the WHRI are required. Please refer to the [BCWH Program Utilization Form Guidance Notes](http://www.phsa.ca/researcher/Documents/BCWH%20PU%20Form%20Guidance%20Notes.docx) for the submission process.   
Each Program/Clinic reviews these requests in a different manner, but generally, program approval can take **6-8 weeks** or longer, please plan according.

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| **PROGRAM CONTACT** | **TITLE** | **PHONE** | **EMAIL** |
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| **PERINATAL SUBSTANCE USE  (FIR SQUARE)** | | | |
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| **CEDAR BIRTHING SUITES** | | | |
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| **TECK L&D/UCC/SURGICAL SERVICES** | | | |
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| **NEONATAL PROGRAM  (NICU, NEONATAL FOLLOW-UP)** | | | |
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