



MEMORANDUM OF UNDERSTANDING
PARTICIPATION IN
CANADIAN HEMISPHERES™
E-LEARNING PROGRAM

THIS MEMORANDUM OF UNDERSTANDING IS BETWEEN:

Central East Stroke Network
201 Georgian Drive
Barrie, ON
L4M 6M2

AND

Applicant Name:
Work Address:
City, Province:
Postal code:

LICENSE KEY CODE:

Your license key code 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 Organization I belong in the Central East region.
I understand I must activate my account before (date within 2 months of signing MOU)
Once I activate my account, I acknowledge I have ONE YEAR to 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 to the curriculum 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.

PAYMENT TERMS:

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 Central East Stroke Network. There is no cost to the participant listed in this agreement.

ADMINISTRATION:

The Regional Education Coordinator has access to administrative functions within Hemispheres™ - Stroke Competency Series, and is able to view modules completed, test scores, time spent per module, completion of series, certificate printing etc.

The Regional Education Coordinator (REC) will be available to you should you have any questions along the way. If required, we 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 CENTRAL EAST ONTARIO STROKE NETWORK

NAME: Dorothy Burrridge, Regional Education Coordinator DATE:

PARTICIPANT IN HEMISPHERES™ STROKE COMPETENCY E-LEARNING PROGRAM

NAME (please print): DATE:

EMAIL ADDRESS:

ORGANIZATION: DISCIPLINE:

SIGNATURE: