

## 4- LAURA RITONJA



***Briefly describe why you are interested in a Director position with the SIDFP:***

I am interested in supporting family physicians in my community and being part of a collaborative team working toward improvement in the delivery of primary care on the South Island.

***Briefly describe any ability and/or skills you can contribute to the governance of the SIDFP:***

I work well in a team, am a good listener and multi-tasker. I also live in the community where I work which gives me a good perspective of my community's needs.

***Biography:***

Laura grew up on the Saanich Peninsula, attending Keating, Mt. Newton and Stelly's schools. She completed undergraduate education at the University of Victoria, medical school at Queen's University and a Family Medicine residency with a Care of the Elderly fellowship at the University of Ottawa.

When she returned to Vancouver Island in 2001, she worked in various capacities before settling down as a community family physician at Ocean Pier Medical Centre in Sidney in 2012. Here, she also enjoys her role as preceptor to family medicine residents. When not at work, Laura loves living on a hobby farm with various animals, gardening, paddleboarding and spending time with her husband and children.

### DECLARATION OF COMPETING INTERESTS

Please answer the following questions:

1. Do you currently accept or have you in the past five years accepted funding from a Pharmaceutical company, Information Technology company, Medical Supply company or community based medical organization for any of the following:

Funding Type:

Organization:

A fee for speaking?

A fee for organizing education?

Funds for research?

Financial support for a member of your staff?

Fees for Consulting?

Purchase of or maintenance of IT equipment

No

2. Do you hold any stocks or shares in any organization that may in any way gain or lose financially from your work with the Division?

YES: \_\_\_\_\_ NO: ☒

3. Do you hold a University appointment?

YES: ☒ NO: \_\_\_\_\_

Clinical Instructor in the  
Department of Family Practice

4. Do you sit on any boards of health care organizations or community organizations or societies that may gain or lose financially from your work with the Division?

YES: \_\_\_\_\_ NO: ☒ IF YES, PLEASE SPECIFY: \_\_\_\_\_

DECLARATION OF COMPETING INTERESTS CONT'D

5. Do you hold any leadership positions in any health care organizations or community organizations or societies that may gain or lose from your work with the Division?  
YES: \_\_\_\_\_ NO: ☒ IF YES, PLEASE SPECIFY: \_\_\_\_\_
6. Do you have any other competing financial interests?  
YES: \_\_\_\_\_ NO: ☒ IF YES, PLEASE SPECIFY: \_\_\_\_\_

I, Laura Ritonja have read the above questions, understood them, and hereby certify that my answers are true and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or omission of any facts, will render this pledge void.

SIGNATURE:

Laura Ritonja

WITNESS NAME:

DR. W. L. CASARETO

WITNESS SIGNATURE:

[Signature]

DATE:

27. 8. 2020