

## **Accessibility Directorate of Ontario**

## Organization profile update report

Organization category C	Ontario Public Service / Ontario Le	egislative Assembly	Number of	employees range 50+
Filing organization legal i	name Ontario-Legislative Asseml	bly - Moderal	MH	he LA
Filing organization AODA	A identifier AD100010		/	
Fields marked with an asteri	isk (*) are mandatory.	<b>V</b>		
B. Organization profile	update certification statement		-	
	for Ontarians with Disabilities Act, 2005 r een provided and is accurate, signed by a			
Note: It is an offence under the	e Act to provide false or misleading inform	nation in an accessibility repo	ort filed under t	he AODA.
The certifier may designate a pmain contact.	orimary contact for the Accessibility Direct	torate to contact the organiza		1
Certifier: Someone who can le	egally bind the organization(s).			2011
Primary Contact: The person	who will be the main contact for accessib	oility issues.		27/108
Acknowledgement			. (	$\mathcal{U}^{\wedge}$
✓ I certify that I have the auth	ority to bind all organizations specified in	Section A of this form, *	$V_{\sim}$	`
✓ I certify that all the required	l information has been included in this re	port, and, *	*	
✓ I certify that the information	in this report is accurate. *			
Certification date (yyyy-mm-dd	)* 2017-06-12			
Certifier information				
Last name * Decker		First name * Todd		
Position title * Other	Position title other * Clerk	Business phone number * 416 325-7341	Extension	Check here if TTY
Email * tdecker@ola.org		Alternate phone number	Extension	Fax number
Primary contact for the organ	ization(s)			
Check if the primary contact	et is same as the certifier			
Last name * Whitmell		First name * Vicki		
Position title * Other	Position title other * Executive Director, iDivision	Business phone number * 416 325-3939	Extension	Check here if TTY
Email *		Alternate phone number	Extension	Fax number 416 325-3909