Nurse practitioner work that fits around the work you already have.

Ontario · fully asynchronous · GLP-1 weight management

WHAT IT IS

A virtual Ontario clinic for GLP-1 weight management. Patients pay **$29 a month**. We don't own a pharmacy and take nothing from any pharmacy, laboratory or manufacturer — patients buy the medication themselves, wherever it is cheapest (generic semaglutide is about $88 a month at Costco).

Of every $29, **$20 goes to the nurse practitioner**.

WHO THIS IS FOR

- ◇ A Nurse Practitioner in good standing with the **College of Nurses of Ontario — Extended Class.**
- ◇ **CNPS or equivalent professional liability protection.**
- ◇ Comfortable prescribing GLP-1 therapy in line with the Canadian obesity clinical practice guidelines.

Full-time NPs adding a side panel are welcome — so are NPs on parental leave, semi-retired, or running their own practice. You set your own cap; nobody is asking you to leave anything.

THE WORKFLOW

A new patient

1. Completes a free eligibility quiz on the site, then a structured intake in the clinical record system. **Nothing is charged yet.**
2. You review the intake — about **15 minutes** — and prescribe or decline.

   > **Decline** → the patient is never charged and is referred on. **You are still paid in full.**
   >
   > **Approve** → you chart it, set the starting dose and titration plan, and order baseline labs.

3. We fax the prescription to the pharmacy the patient chose. The patient buys the medication themselves.
4. Baseline labs on a standard Ontario requisition — any LifeLabs or Dynacare. OHIP covers insured tests.

Every month after

5. We send the review request. The patient replies with weight, side effects and any questions.
6. You review — about **7 minutes** — and decide: continue, increase, hold, step back or stop. You issue the next prescription.

Messages

Clinical messages reviewed within **one business day**. Anything on the red-flag list triggers an immediate emergency-department instruction from our staff using a fixed script, and you are notified the same day. **Our staff never interpret symptoms.**

You message every patient directly before you prescribe, and you may require a phone or video call with anyone, any time — nobody at Basal can overrule or waive it. Beyond that: no booked appointments, no shifts, no on-call, no meetings.

The system

Everything clinical sits in one place — intake, charting, secure messaging and the monthly review cycle. **Yours is the only clinical login; mine is administrative and cannot open a chart.** We start in Jane. If you would rather work in a certified EMR — for OLIS and a drug database — tell me which one and I will buy it.

FEE STRUCTURE

$50	**per completed initial assessment** Paid whether you prescribe or decline. A declined patient is never charged, so this cost is ours alone — by design, so we can never have a reason to lean on you.
$20	**per active patient per month**, for one documented review
$60/hr	**for messaging beyond 20 minutes per patient per cycle** Routine messaging is already covered by the review fee. No prior approval needed.
$1,000	**one-time, on signature, for the protocol work** Reviewing and revising the clinical protocol, checking it against current product monographs, approving the chart templates and patient message scripts, and the CNO Practice Support call.

Paid on the **1st and 15th** by direct deposit, with a statement. **You never invoice.** RNAO membership — which carries your CNPS protection — is reimbursed. You set your own panel cap and may lower it at any time on 14 days' notice. Rates are reviewed every six months and **never reduced without your written agreement**.

PANEL	YOUR TIME	YOUR INCOME
50	~7 hrs / month	~$990 / month
100	~15 hrs / month	~$1,980 / month
200	~29 hrs / month	~$3,960 / month

Roughly **$130 an hour** of clinical time. Glassdoor lists Felix paying Ontario NPs $50–53/hour; Indeed puts the Ontario NP average at $69.94/hour (1,600 reported salaries, September 2026).

What I can't promise is volume. Month one is thirty to fifty patients, not four hundred. One founder, no investors, no patients yet — that is the honest trade for the rate.

WHAT WE HANDLE

All patient acquisition and marketing. The clinical record system, secure messaging, intake, fax, scheduling. All payment processing, refunds, billing and collections. All patient support that is not clinical. Corporate insurance.

> **In the contract:** you send your own prescriptions from the chart in one click — beyond that you will never chase a pharmacy, take a payment, answer a support email, or attend a meeting.

CLINICAL AUTONOMY — THE CORE TERM

Every clinical decision is yours alone. We will not override, reverse, or ask you to reconsider any decision, **including a decision to decline**. We set no target, quota or rate for approvals or revenue, and never contact a patient with clinical content.

If we breach any of this you may terminate immediately and your full exit stake vests that day.

THE PROTOCOL

We hand you a complete draft. You revise it and you sign it.

- Basal owns the document as a written work. **We may propose amendments and may never make them.**
- It has **no clinical force at all unless you have signed it**, and while you hold the role nobody but you may change a word of its clinical content.
- **The day you leave, you are released from all further responsibility for it.**
- You are credited as the original author **permanently**, on every future version.

FOUNDING TERMS

TITLE	Clinical Lead
EXIT	**3% of the sale price** if Basal is ever acquired. A contractual bonus, not shares. Nil for the first 12 months, then 12/48ths, then 1/48th per month to 100% at four years.
TRANSPARENCY	A one-page P&L every month — patients, revenue, what you were paid, costs, cash position.
OUT	**30 days' written notice, either side, no reason needed**, rising to 60 days once the panel is over 100 patients. **No non-competition clause** — you may work anywhere. A 12-month non-solicitation of Basal's patients.

Because either of us can give notice without a reason, **the first few months are effectively a trial for both of us.**

WHAT HAPPENS NEXT

1. Send me your CNO registration number and we talk — no commitment either way.
2. I send you the clinical protocol draft and the agreements to read in your own time.
3. You revise the protocol and sign it. The $1,000 is paid on signature.
4. We set up the record system, you approve the chart templates, and we open.

> **None of this is fixed.** If there is something you would want changed, added or guaranteed — the software, the rates, the hours, the terms — say so and we will put it in the agreement. I would rather build this around how you actually want to work.

Pierre Blondo hello@basalclinic.ca

Everything above, including the pay, is public: **basalclinic.ca/clinicians**