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APPLICATION FORM - Market Exploration Program Mexico

The Market Exploration Program Mexico is accessible to digital health companies based in Atlantic Canada: Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland and Labrador.

SECTION 1 - GENERAL INFORMATION

Legal Business Name:	
Operating Business Name (if different from legal):	
Registered Business Number (Registry of Joint Stocks or provincial equivalent):	
CRA Business Number (BN):	
Year Established (YYYY):	
Business Civic Address:	
Business Mailing Address (if different than Civic Address):	
Company Website:	
Primary Contact Person:	
Job Title:	
Telephone: (XXX) XXX-XXXX	
Mobile: (XXX) XXX-XXXX	
E-mail Address:	

WHO WILL REPRESENT YOUR COMPANY IN MEXICO IF SELECTED?

Company Representative Contact Name:	
Job Title:	
Telephone: (XXX) XXX-XXXX	
Mobile: (XXX) XXX-XXXX	
E-mail Address:	
LinkedIn Profile:	
Brief Bio (including decision-making authority):	

PROVINCE/TERRITORY HEADQUARTERS (check one):

Nova Scotia	New Brunswick	Prince Edward Island	Newfoundland & Labrador
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REQUESTED ANNUAL DATA

	Current Year	Previous Year
Total of Full Time Equivalents (FTEs*):		
	2024	2023
Annual Revenue (CAD):		

**An FTE is the equivalent of one person working full time. Full time is considered to be 2,000 payroll hours for the year. To calculate the number of FTEs for your organization, calculate the total payroll hours worked per fiscal year by all employees, then divide by 2,000.*

Note: FTE is not the total number of employees. Each employee is counted only once.

*Examples: 1 staff working full time = 1 FTE
2 staff each working 4 hours per day, 5 days per week = 1 FTE
Total payroll hours for all staff of 13,200 = 6.6 FTE (13,200 / 2,000)*

SECTION 2: BUSINESS & MARKET OVERVIEW

Describe your company and the medical or digital health technologies you offer. Include product names and intended use:	
What specific problem(s) in healthcare does your product or service aim to solve?	
What stage is your product in? (check one):	<div>Pilot</div> <div>Commercialized (initial sales underway)</div> <div>Scaling up (active market expansion and revenue growth)</div> <div>Other (specify):</div>
Describe your Intellectual Property (IP) status in Canada, and abroad (as relevant):	

SALES MARKETS:

Describe your company’s current and past experience in domestic and international markets:
Please list where your company has made sale. Include Atlantic Canada, other Canadian provinces, and international markets:

MARKET EXPLORATION:

Has your company explored or entered any international markets (e.g., through trade shows, partnerships, pilots, or trade missions)	YES	NO
If yes, please elaborate, especially regarding Mexico, if applicable:		

SECTION 3: MEXICO MARKET READINESS

<p>Have you previously explored or engaged with the Mexican healthcare market? This could include activities such as research, networking, trade events, partnerships, or sales discussions. If yes, please elaborate below:</p>	<p>YES NO</p>
<p>What types of stakeholders are you most interested in meeting through this program? (Check all that apply):</p>	<p>Hospitals Private clinics Distributors Corporate partners Public sector buyers Other (specify):</p>
<p>Who is your ideal customer or decision-maker? (Who is most likely to approve, purchase, or adopt your solution? e.g., CIO at a hospital, clinic owner, procurement officer. Check all that apply):</p>	<p>Patients (B2C) Health professionals (doctors, nurses, technicians) Hospitals/clinics (B2B) Public sector (Ministry of Health, IMSS, ISSSTE) Distributors or channel partners Other (specify):</p>
<p>Who are the primary users of your technology? (Who uses or interacts with your product in practice? Check all that apply):</p>	<p>Patients Health professionals (doctors, nurses, technicians) Administrative staff Hospital IT or technical staff Other (specify):</p>

SECTION 4: PROGRAM FIT & GOALS

What are your three goals for participating in this program?	
What specific support would be most valuable to your company during this program? (Check all that apply):	<div>Pitch coaching</div> <div>Market intelligence</div> <div>Regulatory guidance</div> <div>Cultural/business etiquette</div> <div>Partner introductions</div> <div>Other (specify):</div>
Which phase(s) of the Market Exploration Program are you interested in? (Check one): <i>Note: Participation in Phase 1 is required in order to join Phase 2.</i>	<div>Phase 1: Virtual Education and Preparation</div> <div>Phase 1 and Phase 2: Virtual preparation plus In-Market support and B2B meetings</div>

SECTION 5: VOLUNTARY DECLARATION

Businesses of diversity are businesses that are 51% owned, managed, and operated by recognized underrepresented groups. Please self-identify your organization as appropriate:		
2SLGBTQ+	Aboriginal and/or Indigenous Peoples	Immigrant
Racially Visible (<i>Visible Minorities</i>)	Arican Nova Scotian	Persons with Disabilities
Veterans	Women	

SECTION 6: AUTHORIZATION

On behalf of the applicant business, I hereby submit this application for the Market Exploration Program Mexico Program (the "Program"). I certify that I am an authorized officer of the business and that the information provided in this application and its attachments is true and correct to the best of my knowledge and belief. I understand that providing a fraudulent application is a serious offence. If for any reason it is determined that the applicant business was ineligible for the Program after receiving the incentive, I understand that the applicant business will be required to repay the incentive. I agree to comply with the terms stated in the Program guidelines, including reporting requirements and requirements.

I authorize Invest Nova Scotia or its designate to make any enquiries of such persons, firms, corporations, and federal and provincial government agencies/departments required to collect and to share information with them, including business information and personal information as defined in the Freedom of Information and Protection of Privacy Act, as Invest Nova Scotia deems necessary, in order to reach a decision on this application; to administer and monitor the implementation of the Activities; and to evaluate the results of the Activities and this Program after the Activities are completed. I acknowledge the requirements of the Personal Information International Disclosure Protection Act (Nova Scotia) and also authorize Invest Nova Scotia or its designate to provide any business or personal information deemed necessary to the Program Partners even if outside Canada. I hereby waive confidentiality of such information and agree that its collection and disclosure will not be the basis of any liability, claim or order against Invest Nova Scotia.

Should the business be a successful applicant, on behalf of the business, I hereby give Invest Nova Scotia, or its designate, permission to release the name of the business and the assistance in any form and through any media for purposes of marketing this Program.

By signing below, I consent to Invest Nova Scotia, or its designate, releasing the business contact information to any third-party service providers retained for the purposes of evaluation of the Program. This consent is valid whether the application is successful or not. On behalf of the business, I agree to being contacted by any such third-party service provider and will cooperate with them in the collection of information for evaluation of the Program. Annually, for two (2) years following the completion of the Activities under the Program, the business shall participate in Invest Nova Scotia's corporate data collection process. Invest Nova Scotia may request data on the impact of the Program to the business including, but not limited to, sales, cost reductions, productivity improvements, enhanced competitiveness, increased profits, improved product quality, payroll and other factors which Invest Nova Scotia considers relevant. Failure to participate in the data collection process within the given timeline may impact the business's future funding or assistance and application eligibility with Invest Nova Scotia. I also understand that information completed in the businesses of diversity section of the application will be used by Invest Nova Scotia for the purposes of: (1) connecting businesses of diversity to Inclusivity, Diversity, Equity, and Accessibility (IDEA) opportunities and programming available through Invest Nova Scotia and its partners, and (2) measuring the participation of businesses of diversity in Invest Nova Scotia export development programs and services. I hereby waive confidentiality of such information and agree that its collection and disclosure will not be the basis of any liability, claim or order against Invest Nova Scotia, or its designate. I agree to release Invest Nova Scotia, or its designate, and its staff from any claims, causes of action, suits, actions and liabilities of every nature and kind whatsoever arising from, as a result of or in any way related to the aforementioned authorized release of contact information, information in my business account record and subsequent collection and use of information. If I do not consent to the disclosure of contact information, I understand that I cannot participate in this application, nor can the business apply.

I authorize, certify, and agree to all the terms above.

Authorized Officer Name:

Job Title:

Signature:

You can use "View→Tools → Fill & Sign"
to upload or generate your signature

Date (mm/dd/yyyy):

SECTION 7: APPLICATION AND PROGRAM PARTICPATION FEE SUBMISSION

Application Submission:

Please submit the completed Market Exploration Program Mexico Application Form via email to:

Judith Dardon, Export Development Executive

Invest Nova Scotia

judith.dardon@investnovascotia.ca

Once submitted, an e-mail notification will confirm receipt. Registration is not complete until payment for Phase 1 is submitted.

Participation Fee Submission:

Companies must pay the **Phase 1 participation fee of \$150.00 + HST** when submitting their application.

To complete payment, go to www.investnovascotia.ca/MEPMexico and click on the Phase 1 Payment Link located in the sidebar or click on the respective payment link below:

Phase 1 Payment Links:

[Nova Scotia Companies](#)

[Atlantic Canada Companies in New Brunswick, Prince Edward Island, and Newfoundland & Labrador](#)

For more information, visit www.investnovascotia.ca/MEPMexico or contact your provincial representative below:

Nova Scotia	Judith Dardon Export Development Executive Invest Nova Scotia judith.dardon@investnovascotia.ca
Prince Edward Island	Shelby McDonald Trade Officer, Global Trade Services Innovation PEI – Province of Prince Edward Island shelbymcdonald@gov.pe.ca
New Brunswick	Erin Clendenning Export Development Executive / Chargée du développement des exportations Opportunities NB / Opportunités NB erin.clendenning@onbcanada.ca
Newfoundland & Labrador	Patrick Foran Provincial Trade Commissioner patrickforan@gov.nl.ca
Atlantic Canada Opportunities Agency (ACOA) (if applicable)	Andre Bucumi Economic Development Officer Innovation, Trade & Business Growth Atlantic Canada Opportunities Agency (ACOA) Government of Canada andre.bucumi@acoa-apeca.gc.ca