

PROGRAM APPLICATION

This form is your application to eDOCSNL, the NL EMR program. It provides the necessary information to proceed with an order, schedule training, and implement the Med Access application in your clinic.

Eligibility: A Provider who satisfies the following criteria can apply to the program:

- Practices medicine as an individual or as part of a clinic with multiple providers;
- Holds a valid certificate of registration issued by the Newfoundland and Labrador College of Physicians and Surgeons (Physicians) or the Association of Registered Nurses of Newfoundland and Labrador (Nurse Practitioners);
- Intends to manage and maintain medical records for his or her patients on an EMR application offered by eDOCSNL; and,
- Understands that this document initiates initial set up of the application in the clinic.

To ensure that your application is properly processed, please submit one application form per clinic/office.

Step 1: Clinic Information

If incorporated please provide corporation name using exact legal spelling.

Clinic Legal Name		Corporation No.	
Street Address		City/Town	Postal Code
Main Phone (709)	Fax Number (709)	Clinic Email (if applicable)	Website (if applicable)

Step 2: Primary Contact Information

Your clinic/office needs to designate a primary lead to coordinate activities with eDOCSNL. It could be you, your office administrator, or one of the clinic's participating providers. All future correspondence will be sent to this person and they will serve as the primary point of contact throughout the enrollment and deployment process.

Last Name		First Name		Middle Name/Initial	
Salutation		Title			
Main Phone		Fax Number			
Direct Phone		Email			

Step 3: Clinic Signing Authority

The name of the Clinic signing authority must be provided on the form (if different than the information provided in Step 2).

Same as Step 2.

Last Name		First Name		Middle Name/Initial	
Salutation		Title			
Main Phone		Fax Number			
Direct Phone		Email			

Program Information

As a Provider in the eDOCSNL program, you will be required to participate in Implementation and Post-Implementation activities as described below.

Implementation: Initial Implementation is defined as the setup, training, and implementation of the standalone Med Access Application;

- Provider understands that in order to move from a standalone application to an application that communicates with the Provincial EHR they will be required to sign the EMR Participation Agreement;
- Participating Providers and clinic/office staff will participate as required in all training (Telus, eDOCSNL, provincial HEALTHe NL); and,
- The amount of effort and time required for successful EMR implementation will depend on the staff's technical proficiency, current processes, readiness for change, and specific requirements.

Post-Implementation: The Provider(s) may be asked to participate in post-implementation surveys and other activities;

- As part of the eDOCSNL participation the clinic/office will be contacted by their Practice Advisor to assess clinical value and to discuss how best to optimize EMR use.

Step 6: Email, fax or mail completed form to:

eDOCSNL
c/o NL Centre for Health Information
70 O'Leary Avenue
St. John's, NL A1B 2C7
Email: info@edocsnl.ca
Fax: 709-752-6529