APPLICATION ADDITIONAL USERS

eDOCSNL ELECTRONIC MEDICAL RECORD

This form is to be used if there is not enough space on the initial Program Application for Authorized Users. It can be submitted with the Program Application.

List of Authorized Users

This includes nurses, allied health, administrative staff, etc.

Name	Role	Role Specify	Email Address
	Admin Staff		
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Personal information collected on this form is collected under the Newfoundland and Labrador Access to Information and Protection of Privacy Act and will only be used for the administration of eDOCSNL. Inquiries about the use and protection of this personal information should be directed to the ATIPPA Coordinator at NL Centre for Health