

Provider Training Request Application

To request training for an EMR user at your clinic, please complete the steps below.

- Note:**
- If this training request is for a full time Physician, Nurse Practitioner or Regional Nurse that will hold their own license they will need to complete an [Addition of a Provider](#) application instead.
 - Training can take up to 3 hours and will be performed virtually.
 - User being trained should have access to a computer with microphone and speakers/audio functionality.

Step 1: Clinic Information

Clinic Legal Name		Clinic Type	
Street Address		City/Town	Postal Code

Step 2: EMR User Information

Complete the table below with the new Provider's information.

Last Name		First Name		Middle Name/Initial	
Provider Type		Email			
Phone		Anticipated Start Date			
Have you used Med Access before?		How comfortable are you with using Med Access?			

What dates are you available for this training? (Please provide 3 options)

What topics do you want covered during the training session?

Step 3: Authorize New EMR User

I, _____, as the clinic signing authority, authorize _____ (new EMR user name) to access the personal health information of patients in the clinic named above.

Clinic Signing Authority

Date

Step 4: Submit Application

Email or fax completed form to:

Email: info@edocsnl.ca **Fax:** 709-752-6529

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 Information.