PROGRAM APPLICATION

Purpose

This form is your application to join eDOCSNL, the NL EMR program. It should accompany the signed eDOCSNL Physician Participation Agreement and the Information Management Statement for all participating Providers in the Clinic. Once all the necessary information is received eDOCSNL can proceed with creating an order, scheduling training and implementing the Med Access application with clinical results in your Clinic. To ensure that your application is properly processed, please submit one application form per clinic/office.

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; and,
- Intends to manage and maintain medical records for his or her patients on the EMR application offered by eDOCSNL.

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	**Fax Number**	**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**	

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Step 4: List of Participating Providers

This includes physicians and nurse practitioners. (Additional form available on eDOCSNL website)

Name	Role	Data Conversion Required	License Number	Provider Mnemonic	MCP Billing #	Email Address
		-				
		-				
		-				
		-				
		-				
		-				
		-				

Step 5: List of Authorized Users

This includes nurses, allied health, administrative staff, etc. (Additional form available on eDOCSNL website)

Name	Role	Email Address

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

Save Form

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.