

# Addition of a Full Time Equivalent (FTE) Notification

To add a new FTE Provider to your clinic, please complete the steps below.

## Step 1: Clinic Information

Clinic Legal Name		
Street Address	City/Town	Postal Code

## Step 2: RHA Information

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

RHA: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Last Name	First Name	Middle Name/Initial
MCP Billing #	Provider Mnemonic	
License #	E-mail	
eResults Set Up		

## Step 3: Submit Application

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](mailto: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.*