

# EXPRESSION OF INTEREST FORM

## Purpose

This document identifies interest in the program and collects necessary contact information.

## Step 1: Clinic Contact 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

Name			
Direct Phone		Email	

## Step 3: List Providers in Clinic


## Step 4: Additional Information (if applicable)


## Step 5: 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.*