

# EMR User 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. Telus of Providers intent to transfer to another clinic within the eDOCSNL Program.

## Step 1: Clinic Information

<input type="text"/>		<input type="text"/>
Clinic Name		Clinic Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City/Town	Postal Code

## Step 2: EMR User Information

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name/Initial
<input type="radio"/> FFS Provider	<input type="radio"/> RHA Salaried Provider	<input type="radio"/> FFS within RHA
Email <input type="text"/>	Phone <input type="text"/>	
Anticipated Start Date(YYYY/MON/DD) _____	Have you used Med Access before?	<input type="text"/>
How comfortable are you with using Med Access?	<input type="text"/>	
What dates are you available for this training? (Please provide 3 options)		
Date (YYYY/MON/DD) _____	Date (YYYY/MON/DD) _____	Date (YYYY/MON/DD) _____
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.

<input type="text"/>	_____
Clinic Signing Authority	Date (YYYY/MON/DD)

## Step 4: Submit Application

Email, fax or mail completed form to:

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.*