

Addition of a Full Time Equivalent (FTE) Provider (RHA Only)

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

Step 1: Clinic Information

RHA/Zone Anticipated Start Date: Anticipated End Date:

Clinic Name

Address: City/Town Postal Code

Step 2: Provider Information

Last Name First Name Middle Name/Initial

License # Provider Mnemonic

Email

Provider Speciality Main Phone Direct Phone

Will you be a regularly scheduled provider at the clinic identified above?

Or will you be covering for another EMR Licenced provider in the clinic identified above (ie: Locum)?

Are you or will you be working at another clinic in addition to the one listed above in Step 1?

If yes, what is the clinic name?

Are you currently a licenced EMR user on another MedAccess Instance?

If yes, what is the clinic name?

Electronic Results Delivery Effective Date (YYYY/MON/YY):

Step 5: Submit Application

Email or fax completed form to:

Email: info@edocsnl.ca

Fax: 709-752-6529