

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 Info	ormation				
RHA/Zone	Anticipated St	art Date:	Anti	icipated End Date:	
Clinic Name					
Address:	•			City/Town	Postal Code
Step 2: Provider I	nformation				
Last Name		First Name			Middle Name/Initial
License #	Provider Mne	monic			
Email					
Provider Speciality		Main Phone		Direct Phone	
Will you be a regularly	v scheduled provider at th	e clinic identified abov	/e?		
Or will you be coverin	g for another EMR Licenc	ed provider in the clin	ic identified above	(ie: Locum)?	
Are you or will you be	working at another clinic	in addition to the one	listed above in Ste	p 1?	
If yes, what is the clin	c name?				
Are you currently a lic	enced EMR user on anot	ner MedAccess Instar	ice?		
If yes, what is the clin	c name?				
Electronic Results De	livery	Effective	Date (YYYY/MON/	YY):	
Step 5: Submit A Email or fax complete Email: info@edocsnl.c Fax: 709-752-6529	d form to:				

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.