

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 last from 3 hours up to a full day and can be performed virtually or in-person..
- User being trained should have access to a computer with a microphone and speakers/audio functionality. If applicable, please advised of providers intent to transfer to another clinic within the eDOCSNL Program.

Step 1: Clinic Information

Clinic Name

Address:

City/Town

Postal Code

Step 2: EMR User Information

Last Name

First Name

Middle Name/Initial

FFS Provider

RHA Salaried Provider

FFS within RHA

FFS Specialist

Salaried Specialist

Email Phone

Anticipated Start Date(YYYY/MON/DD) Have you used Med Access before?

Licence Number: Role: If yes, what is your comfort level?

What dates are you available for this training? (Please provide 3 options)

Date (YYYY/MON/DD) Date (YYYY/MON/DD) Date (YYYY/MON/DD)

If possible, identify a user with the same access you are requesting:

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.

Clinic Signing Authority

Date (YYYY/MON/DD)

Step 4: Submit Application

Email or fax completed for to:

Email: 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.