

Purpose

This form is your application to join eDOCSNL, the NL EMR program. It should accompany the signed eDOCSNL Physician Participation Agreement and the Information Management Statement for all participating Providers in the Clinic. Once all the necessary information is received, eDOCSNL can proceed with creating an order, scheduling training and implementing the Med Access application with clinical results in your Clinic. To ensure that your application is properly processed, please submit one application form per clinic/office.

Eligibility: A Provider who satisfies the following criteria can apply to the program:

- Practices medicine as an individual or as part of a clinic with multiple providers;
- Holds a valid certificate of registration issued by the Newfoundland and Labrador College of Physicians and Surgeons; and,
- Intends to manage and maintain medical records for his or her patients on the EMR application offered by eDOCSNL.

Step 1: Clinic Information

If incorporated please provide corporation name using exact legal spelling.

Clinic Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street Address:

City/Town

Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Main Phone

Fax Number

Clinic Email (if applicable)

<input type="text"/>

Website (if applicable)

Step 2: Primary Contact Information

Your clinic/office needs to designate a primary lead to coordinate activities with eDOCSNL. It could be you, your office administrator, or one of the clinic's participating providers. All future correspondence will be sent to this person and they will serve as the primary point of contact throughout the enrollment and deployment process.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Last Name

First Name

Middle Name/Initial

<input type="text"/>	<input type="text"/>
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Salutation

Title

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Main Phone

Fax Number

Direct Phone

<input type="text"/>

Email

Step 5: List of Authorized Users

This includes nurses, allied health, administrative staff, etc. (Additional form available on eDOCSNL website)

Name	Role	Email Address

Step 6: Email or fax completed form to:

eDOCSNL
Email: info@edocsnl.ca
Fax: 709-752-6529

Internal Use Only

RHA Readiness Assessment/CNA Approval Approved Declined

Comments:

Post CNA Recommendation(s) Approved Declined

Comments: