

Please complete the steps below to join the NL EMR program. This application should accompany the signed DOCSNL EMR Participation Agreement(s) for all participating providers in the clinic. To ensure that your application is properly processed, please complete one application per clinic/office. Once this necessary information is received, eDOCSNL will proceed with processing your application and an EMR Practice Advisor will contact you when dates are available for training, implementation, etc.

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 their patients on the EMR.

Step 1: Clinic Information (If incorporated please provide corporation name using exact legal spelling)

Clinic Legal Name

Corporation Number

Clinic Address

City/Town/Postal Code

Clinic Email Address

Clinic Phone #

Clinic Fax #

Is this clinic part of a Blended Capitation Group (BCG)? _____ If yes, please specify: _____

Step 2: Primary Contact Information

Your clinic/office should designate a primary lead to coordinate activities with eDOCSNL (ie: office administrator, a participating provider, etc). 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.

Last Name

First Name

Middle Name/Initial

Provider Email Address

Main Phone #

Direct/Cell Phone #

Provider Role

Specialty

License # (if applicable)

Step 6: Submit Application

Email or fax completed form to:

Email: info@edocsnl.ca

Fax: (709) 752-6529

Internal Use Only

NLHS Readiness Assessment / CNA Approval

Approved

Declined

Comments:

Post CNA Recommendations

Comments:

Note: MCP must be contacted and updated if the new Provider will be using Med Access for billing.

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 Health Services.