eDOCSNL
ELECTRONIC MEDICAL RECORD

Med Access EMR Program Application

Please complete the steps below to join the NL Med Access EMR program (one application per clinic). This application should accompany the signed eDOCSNL EMR Participation Agreement(s) for each participating provider(s) in the clinic. Once 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 NL College of Physicians and Surgeons or NL College of Nurses (NP's only); 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 #

_____
Clinic Website

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

_____ _____ _____
Email Address | Primary Phone # | Cell Phone #

-Select
_____ _____ _____
Role | Specialty (if applicable) | License # (if applicable)

Step 3: Clinic Signing Authority

☐ Same as Step 2

Last Name	First Name	Middle Name/Initial
Email Address	Primary Phone #	Cell Phone #
Role	Specialty (if applicable)	License # (if applicable)

Step 4: List of Participating Providers (ie: MD, NP)

Name and Email Address	Role	Specialty	License #	MCP Billing #	BCG
	-Select				☐
	-Select				☐
	-Select				☐
	-Select				☐
	-Select				☐
	-Select				☐

Step 4: List of Authorized Users (ie: Nursing, AHP, Administrative Staff, etc.)

Name and Email Address	Role	Specialty	License #	MCP Billing #	BCG
	-Select				☐
	-Select				☐
	-Select				☐
	-Select				☐
	-Select				☐
	-Select				☐

Step 6: Submit Application

Submitted by: _____ Date: _____

Email: info@edocsnl.ca

Fax: (709) 752-6529

Internal Use Only

Readiness Assessment / CNA Approval ◯ **Approved** ◯ **Declined**
Comments**:**

Post CNA Recommendations
Comments**:**

Inclusion in provincial data extract (private FFS clinics): Approved
(https://edocsnl.ca/emr-data-extract)

***Note**: Please contact MCP if a 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.