BRITISH COLUMBIA | Ministry of Health

# CONFORMANCE INITIATION NOTICE

HLTH 4636 2015/09/17

* Required

## APPLICANT INFORMATION

| Organization Name* | Contact Email Address* |
|---|---|
| Primary Conformance Test Contact Name* | Contact Phone Number* |

## APPLICATION INFORMATION

| Application or Product Name* | Version Number* |
|---|---|

**Application Type***

☐ Medical Practice EMR ☐ Pharmacy System ☐ Viewer
☐ Hospital Clinic Information System ☐ Other _____

**Point of Service Type***

☐ Medical Practice ☐ Pharmacy
☐ Health Authority ☐ Other _____

**Services Provided for the Application*** (select all that apply)

☐ Data Hosting Services/ASP ☐ Software Support
☐ Disaster Recovery ☐ Backup ☐ Other (specify) _____

**Physical Locations of Data Hosting Facilities*** (if Data Hosting Services is selected above)

| | Street Address | City | Province | Postal Code |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

## CONFORMANCE TEST AND CERTIFICATION

**Provincial System to Test*** (select at least one)

☐ Client Registry ☐ Provincial Lab Information Solution ☐ Provider Registry ☐ PharmaNet ☐ Other:

**Preferred Conformance Test Dates** All evaluation sessions will be through remote sessions unless the vendor requests to attend in person at a Victoria location and pre-arrangements are made. Travel expenses associated with conformance evaluation will be at the vendor's expense. Four weeks' notice is required to allow for conformance testing coordination. **Allow 3-5 days to complete conformance testing.**

| Preferred Start Date* (option 1) | Preferred Start Date* (option 2) | Preferred Start Date* (option 3) |
|---|---|---|
| | | |

**PARTICIPANT INFORMATION***

| | Name | Email | Phone Number |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

## TRAINING

**Describe the training programs and materials that will be provided for the application***

**Interface Application Training Materials to be Tested** (check all that apply; select at least one *Vol 6X (POS)**)

Materials in Accordance With: ☐ Vol 6 (General)* ☐ Vol 6 (Dev & Delivery)* ☐ Vol 6A (Medical Practice) ☐ Vol 6B (Pharmacy) ☐ Vol 6C (Health Authortity)

**Additional Information**

## APPLICANT CONFIRMATION

| ☐ I certify that a conformance "self-test" has been completed and the information provided on this form is complete and accurate*. | Email Address of Applicant* | Date Confirmed* |
|---|---|---|

Please refer to the Conformance Information check list found in Volume 2 of the Conformance Standards which describes the services, materials and requirements pertaining to a conformance test. **Email this form to HLTH.CISSupport@gov.bc.ca**

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