

CONFORMANCE INITIATION NOTICE

HLTH 4636-8111 2023/02/27

This form is used for requesting either self-testing or formal conformance testing. A minimum of four weeks notice is required to allow for planning and coordination.

Expect 3-8 days to complete conformance testing. For self-testing, 5 days will be allowed initially. Extension can be allowed depending on its proximity to the formal testing days.

APPLICANT INFORMATION * Required			Date	Form Submitted (YYYY/MM/DD)*	
ATTECANT IN ORMATION		Email*			
Organization Name*	ization Name*				
Primary Contact Name*		Phone Number*			
APPLICATION INFORMATION		1			
Product Name*				Version Number*	
CONFORMANCE TESTING			l		
Health Information Exchange Service (Domain)*					
Client Registry PharmaNet Pro	vider and Location Registry (PLR)	Provincial Lal	b Information Solution	on (PLIS)	
Proposed Dates for Self-Testing (YYYY/MM/DD)					
Proposed Self-Test Date* (Option 1)	Proposed Self-Test Date* (Option 2)		Proposed Self-Test Date* (Option 3)		
Proposed Dates for Formal Conformance Testing (YYYY)	/MM/DD)				
Proposed Start Date* (Option 1)	Proposed Start Date* (Option 2)		Proposed Start Date* (Option 3)		
Participant Information*			I		
Name Email			Phone Number		
TRAINING ASSESSMENT					
Assessment of Training Materials (check all applicable st Materials in Accordance With: X Vol 3A (General)*	randards): Vol 3B (Client Registry)	naNet) Uol	3D (PLR) Vol 3	E (PLIS)	
For additional information regarding conformance testin https://www2.gov.bc.ca/gov/content/health/practitione Volume 1: Overview & Conformance Processes (e.g., App Emailtompleted forms to HLTH.CISSupport@gov.bc.	r-professional-resources/software/confo endix A: Conformance Test Preparation (Number (e.g., INT###)	
MINISTRY USE ONLY					
Notes (e.g., partial compliance, single domain)					