



Date Form Submitted (YYYY/MM/DD)*

ABOUT THE ORGANIZATION

Organization Name* (provide the legal name of the organization to be registered)	Phone Number* (1-800 or support contact no.)	Alternate Phone	
Physical Street Address*	City*	Prov*	Postal Code*

ORGANIZATION CONTACTS (both contacts are required)

Business Contact (primary)

Last Name*	First Name*	Work Number*	Cell Number*
Physical Address (if different from Physical Address in Organization Registration)		Email Address*	

Business Contact (alternate)

Last Name*	First Name*	Work Number*	Cell Number*
Physical Address (if different from Physical Address in Organization Registration)		Email Address*	

APPLICATION INFORMATION

Please provide the required information pertaining to the application system being registered.

Application or Product Name*	Version Number*				
Application Type* <input type="checkbox"/> Hospital <input type="checkbox"/> Medical Practice <input type="checkbox"/> Pharmacy <input type="checkbox"/> Viewer <input type="checkbox"/> Other (specify):					
Application Hosting* <input type="checkbox"/> Data centre-hosted (remote or cloud) <input type="checkbox"/> Stand-alone (hosted on site)					
Location of Data Hosting Facilities* (complete if Data Hosting Services is selected)					
	Street Address	City	Province	Country	Type (i.e. Main, Back-Up)
1					
2					
3					
4					
Integration Interest* PharmaNet: <input type="checkbox"/> EMR (Electronic Medical Record) <input type="checkbox"/> MDS (Medical Device Supplier) <input type="checkbox"/> HA-BPMH <input type="checkbox"/> Pharmacy (Community & Outpatient) <input type="checkbox"/> HA-Viewer <input type="checkbox"/> Pharmacy (In-Patient) Other Systems: <input type="checkbox"/> Client Registry <input type="checkbox"/> Other (specify) <input type="checkbox"/> Provider and Location Registry (PLR) <input type="checkbox"/> Provincial Laboratory Information Solution (PLIS)					

ACKNOWLEDGEMENT

Please acknowledge the following statements prior to submitting the form.

My Organization has/is: <input type="checkbox"/> read all volumes of the relevant Conformance Standards documents and fully understands the undertaking <input type="checkbox"/> reviewed the applicable legal agreement (Vendor Participation Agreement or SSO Service Level Agreement) to understand the obligations upon connecting to ministry systems <input type="checkbox"/> willing to undergo a comprehensive conformance test to verify integration <input type="checkbox"/> prepared to assume costs incurred for development, connectivity, conformance and operations of the application integration
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* Required

Email this form to HLTH.CISSupport@gov.bc.ca