



APPLICANT INFORMATION

Form with fields: Software Support Organization (SSO) Name, Submission Date (YYYY / MM / DD), CIS USE ONLY: Tracking Number (e.g., INT###), Primary Contact Name, Email, Phone Number, Proposed Dates for Self-Testing

GOAL: Ensure transactions through the API are successful.

ACTIONS:

- 1) Email completed form to HLTH.CISSupport@gov.bc.ca to schedule self-testing.
2) CIS will confirm the date(s) and allocate a test environment with logging enabled.
3) Test the transactions allowed for the PharmaNet security group assigned to the "Access Type" indicated.
4) Check the corresponding checkboxes under the ATTESTATION column for transactions successfully tested.

VERIFICATION: CIS will verify the logs after the self-test.

Submit one checklist per access type.

Table with columns: Access Type, Attestation, Transaction, Notes. Lists various transactions like TAC/TDU Adjudicate Claims, TDR Drug Monograph Information, etc.