



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.

Date Form Submitted (YYYY/MM/DD)*

APPLICANT INFORMATION

* Required

Organization Name*, Email*, Primary Contact Name*, Phone Number*

APPLICATION INFORMATION

Product Name*, Version Number*

CONFORMANCE TESTING

Health Information Exchange Service (Domain)*, Proposed Dates for Self-Testing, Proposed Dates for Formal Conformance Testing, Participant Information*

TRAINING ASSESSMENT

Describe the training programs and materials that will be provided for the application*, Assessment of Training Materials (check all applicable standards):

For additional information regarding conformance testing refer to: https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/software/conformance-standards/

Email completed forms to HLTH.CISSupport@gov.bc.ca

Project Tracking Number (e.g., INT###)

MINISTRY USE ONLY

Notes (e.g., partial compliance, single domain)