



* Required

APPLICANT INFORMATION

Organization Name*	Signing Authority E-mail Address*
Signing Authority Name*	Signing Authority Phone Number*

APPLICATION INFORMATION

Application or Product Name*	Version Number*
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CONFORMANCE TEST AND CERTIFICATION

Health Information Exchange Service (Domain)*

Client Registry PharmaNet Provider Registry Provincial Lab Information Solution

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 3-8 days to complete conformance testing.**

Preferred Start Date* (option 1)	Preferred Start Date* (option 2)	Preferred Start Date* (option 3)
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PARTICIPANT INFORMATION* (please list primary contact first)

	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)

Materials in Accordance With: Vol 3A (General)* Vol 3B Client Registry Vol 3C PharmaNet Vol 3D Provider Registry Vol 3E Provincial Lab Solution

APPLICANT CONFIRMATION

I certify that a vendor "self-test" has been completed and the information provided on this form is complete and accurate.

Please refer to the Conformance Information check list found in Volume 1 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

CIS USE ONLY

Key MoH Contact Name	Key MoH Contact Email
Transport Mechanism <input type="checkbox"/> HIAL <input type="checkbox"/> HNSECURE <input type="checkbox"/> SPAN BC	Messaging Version <input type="checkbox"/> V3 <input type="checkbox"/> V70 <input type="checkbox"/> OTHER:
Notes (Partial Compliance, Single Domain, Etc.)	
Instructions	