



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* [] Hospital [] Medical Practice [] Pharmacy [] Viewer [] Other (specify):

Application Hosting* [] Data centre-hosted (remote or cloud) [] Stand-alone (hosted on site)

Location of Data Hosting Facilities* (complete if Data Hosting Services is selected)

Table with 6 columns: Street Address, City, Province, Country, Type (i.e. Main, Back-Up). Rows 1-4.

Integration Interest*

PharmaNet:

- [] EMR (Electronic Medical Record) [] MDS (Medical Device Supplier) [] HA-BPMH [] Pharmacy (Community & Outpatient) [] HA-Viewer [] Pharmacy (In-Patient)

Other Systems:

- [] Provincial Client Registry (PCR) [] Other (specify) [] Provider and Location Registry (PLR)

ACKNOWLEDGEMENT

Please acknowledge the following statements prior to submitting the form.

My Organization has/is:

- [] read all volumes of the relevant Conformance Standards documents and fully understands the undertaking [] reviewed the applicable legal agreement (Vendor Participation Agreement or SSO Service Level Agreement) to understand the obligations upon connecting to ministry systems [] willing to undergo a comprehensive conformance test to verify integration [] prepared to assume costs incurred for development, connectivity, conformance and operations of the application integration

* Required

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