



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"/> Medical Practice System <input type="checkbox"/> Pharmacy System <input type="checkbox"/> Hospital Clinical Information System <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"/> Community Pharmacy		<input type="checkbox"/> Medical Device Distributors		<input type="checkbox"/> Hospital or Designated Mental Health Facility	
<input type="checkbox"/> Emergency Department		<input type="checkbox"/> Medical Practice		<input type="checkbox"/> Out-Patient Hospital Pharmacy	
<input type="checkbox"/> In-Patient Hospital Pharmacy					
Other Systems:					
<input type="checkbox"/> Provincial Laboratory Information Solution (PLIS)		<input type="checkbox"/> Other (specify)			
<input type="checkbox"/> Client Registry					
<input type="checkbox"/> Provider Registry					

ACKNOWLEDGEMENT

Please acknowledge the following statements prior to submitting the form.

<p>My Organization:</p> <input type="checkbox"/> has read all volumes of the relevant Conformance Standards documents and fully understands the undertaking <input type="checkbox"/> has 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"/> is willing to undergo a comprehensive conformance test to verify integration <input type="checkbox"/> is 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