

EMR Adoption Program New EMR Adopter Funding Go-Live Declaration

Form Purpose: The Go-Live Declaration confirms that the Applicant has completed implementation of the selected Funding Eligible EMR Offering for the listed Participating Physicians and the physicians have begun to use the EMR. Please use a separate form listing the Participating Physicians at each practice location. This form must be submitted to OntarioMD within ten months from the signing of the New EMR Adopter Funding Agreement.

Part of Funding Agreement: This form will be attached to and form part of the New EMR Adoption Funding Agreement.

Signing: Print out this form, complete parts A through C and have it signed by the Applicant's **Lead Physician** (Part C) and the listed Participating Physicians (Part B).

<p>Form Submission: Mail or courier a signed completed original of this form to OntarioMD at the following address: New EMR Adopter Funding Ontario MD Inc. 150 Bloor Street West, Suite 900 Toronto, ON, M5S 3C1</p>	<p>Questions: For more information on New EMR Adopter Funding, call the general toll free number 1-866- 744-8663 or go to www.ontariomd.ca.</p>
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Next Steps: OntarioMD will review the Go-Live Declaration, the previously submitted Appendix A – Vendor and Physician Checklist, and the Implementation Acceptance Testing (IAT) Review (done by the Practice Management Consultant) to determine the eligibility of the Participating Physicians and whether to initiate the Monthly Subsidy.

Part A: Applicant Information

Applicant Name (per Ministry Funding Agmt, if applicable) & Contact Information	Name	Telephone #
	Address	Email
Lead Physician Name & Contact Information (where different from above)	Name (<i>first/last</i>)	Address
	Telephone #	Email Address
OntarioMD Practice Management Consultant		

EMR Location Address (<i>please use a separate form for each location</i>)	
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Part B: Participating Physicians Go-Live Declaration & Signatures

We, the undersigned,:

- **EMR Implemented:** confirm that all EMR products and services have been successfully implemented and have started to use in our medical practices in accordance with the requirements of the Applicant's New EMR Adopter Funding Agreement; and
- **Privacy Consent:** understand and consent that the information on this form will be collected, used, retained and disclosed to administer the EMR Adopter Program and not for any other purposes. Only persons and organizations authorized by OntarioMD and eHealth Ontario shall have access to and use of this information.

CPSO #	Name (<i>first/last</i>)	Go-Live Date	Signature

Part C: Lead Physician Declaration & Signature

I, the undersigned, acting as the Applicant's authorized representative and Lead Physician:

- **EMR Implemented:** confirm that all EMR products and services have been successfully implemented and have started to use in the medical practices of the Participating Physicians listed above in accordance with the Applicant's New EMR Adopter Funding Agreement; and
- **Privacy Consent:** understand and consent that the information on this form will be collected, used, retained and disclosed to administer the EMR Adopter Program and not for any other purposes. Only persons and organizations authorized by OntarioMD and eHealth Ontario shall have access to and use of this information.

Lead Physician Signature

CPSO #	Signature	Signing Date
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Reviewed by PMC/Date	Approved by/Date	Funded by/Date
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