OntarioMD

New EMR Adoption Program Extension 2
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 10 months from the signing of the New EMR Adopter Funding Agreement.

Payment Terms & Condition: The Applicant needs to submit a Go Live Declaration within 10 months of signing the New EMR Adopter Funding Agreement. Not meeting the 10 month target could impact the total approved payments available with respect to each Participating Physician.
Where Go-Live requirements have not been met and/or the connection to any of the above services is delayed due to reasons beyond the control of physicians (e.g. vendor-related issues), and where eHealth Ontario has agreed in writing to the exemption as presented by the Applicant and OntarioMD, the Go-Live one-time payment may be permitted (refer to section 10d of New EMR Adoption Program Extension 2 Terms & Conditions).

Part of Funding Agreement: This form will be attached to and form part of the New EMR Adoption Program Extension 2 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).

Form Submission: Submission of a completed and signed version of this form and associated documents to OntarioMD via fax (416.623.1249) or e-mail (emrfunding@ontariomd.com).
Questions: For more information on New EMR Adoption Program Extension Funding, call the general toll free number 1-866-339-1233 or go to www.ontariomd.ca.

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.

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 *(first/last)*	Address	
	Telephone #	Email Address	CPSO#
OntarioMD Practice Management Consultant			
EMR Location Address *(please use a separate form for each location)*			

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 Adoption Program Extension 2 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 *(first/last)*	Go-Live Date	Signature

Part C: Lead Physician Declaration & Signature

I, the undersigned, acting as the Applicant Group'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 Adoption Program Extension 2 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

Reviewed by PMC / Date	Approved by / Date	Funded by / Date