

GO-LIVE DECLARATION (GLD)

Please complete all cells on the form (type or print clearly) and mail to:

The Primary Care IT Funding Plan c/o OntarioMD
 150 Bloor St. West, Suite 900, Toronto, Ontario, M5S 3C1

Part A: Group Information

| | | | |
|---|-----------------------|-----------------|--------------------|
| Group Name (Same as Ministry Funding Agreement) | | | |
| Lead Physician Name (First and Last) | | | |
| Lead Physician Contact Information | Street Address | | |
| | City/Town | Province | Postal Code |
| Phone Number | E-mail Address | | |

Part B: Go-Live Declaration

I, the undersigned, acting as the Group's authorized representative and Lead Physician according to the records on file with the Ministry of Health and Long Term Care (MOHLTC),

Confirm that all products and services have been successfully implemented and are ready for use in the medical practices of the participating physicians listed below in accordance with the requirements of the Physician IT Program and the Group's Letter of Intent, Scope of Work, Vendor Contract Declaration, and any applicable Notices of Change documents; and

| CPSO # | First and Last Name | Go-Live Date | CPSO # | First and Last Name | Go-Live Date |
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Consent to the collection, retention and use of information in this form for all purposes related to the administration of the Physician IT Program. Only persons and organizations authorized by OntarioMD shall have access to and use of this information.

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|------------------------------|---------------------------------|-------------|
| Lead Physician CPSO # | Lead Physician Signature | Date |
| | | |

NOTE: Please submit multiple GLD forms if you are confirming compliance for more than 20 physicians at one time.

OntarioMD use only:

| | | |
|------------------------------|-------------------|-----------------|
| Reviewed by Specialist/Date: | Approved by/Date: | Funded by/Date: |
| | | |