

PERFORMANCE RECOGNITION DECLARATION (PRD)

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

Primary Care 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: Performance Recognition 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 the participating physicians listed below have consented to the collection, retention and use of information in this form for all purposes related to the administration of the Physician IT Program, are currently receiving funding under the Primary Care IT Funding Plan and are now eligible to receive a one-time performance recognition bonus of \$2500 as they have established an EMR for either two-thirds (2/3) or 600, whichever is less, of their rostered patients, and that each physician has completed the CMS Adoption Usability Survey as per attached instructions. For the purposes of this performance recognition bonus, the EMR is expected to contain demographic profile, current prescriptions, current immunizations, details of any allergies, a patient problem list.

CPSO #	First and Last Name	PRD Date

CPSO #	First and Last Name	PRD Date

Lead Physician CPSO #	Lead Physician Signature	Date

NOTE: Please submit multiple PRD 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: