

**EMR Adoption Program
New EMR Adopter Funding
Vendor Contract Declaration**

Form Purpose: The Vendor Contract Declaration confirms that the Applicant has signed a contract with its Vendor(s) for a Funding Eligible EMR Offering and related services. This Declaration must be accompanied by the Mandatory EMR Funding Eligibility Schedule and Appendix A – Vendor and Physician Checklist. These documents must be submitted to OntarioMD within six 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 Adopter Funding Agreement.

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

Form Submission: Mail or courier a completed and signed original of this form and associated documents to OntarioMD at the following address: New EMR Adopter Funding OntarioMD Inc. 150 Bloor Street West, Suite 900 Toronto, ON, M5S 3C1	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 .
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Next Steps: *On receipt of your completed form with the Mandatory EMR Funding Eligibility Schedule, Appendix A – Vendor and Physician Checklist and the EMR System Management Independent Undertaking, if applicable, OntarioMD will review all to determine the Applicant's eligibility for the payment of the Readiness Grant.*

Part A: Group Information			
Group Name (<i>per Ministry Funding Agmt, if applicable.</i>) & Contact Information	Name	Telephone #	
	Address	Email	
Lead Physician Name & Contact Information (<i>where different from above</i>)	Name (<i>first/last</i>)		Address
	Telephone #	Email Address	CPSO#
OntarioMD Practice Management Consultant			
Part B: EMR Vendor & Product Information			
<input type="checkbox"/> ASP OR <input type="checkbox"/> Local EMR <input type="checkbox"/> Will join a Vendor Collaboration Network <input type="checkbox"/> OR <input type="checkbox"/> Have attached EMR System Management Independent Undertaking			
EMR Vendor Name			
Name of Funding Eligible EMR Offering			Vendor Version #
If Oscar, please provide OSP			
Mandatory EMR Funding Eligibility Schedule			
The MEFES forms part of the legal agreement with your EMR vendor and ensures that both parties agree on an implementation date at contract signing. In addition, Appendix A of the Schedule, the Vendor and Physician Checklist, identifies the respective vendor and physician tasks that must be completed in order to achieve a successful EMR implementation. It also gives you the right to terminate the contract in certain circumstances.			
<input type="checkbox"/> MEFES for New Agreement with the Vendor <input type="checkbox"/> MEFES for new/additional physician added to an existing Vendor Agreement			
Part C: Lead Physician Vendor Contract Declaration			
I, the undersigned, acting as the Applicant's authorized representative and Lead Physician: Contract Confirmation: acknowledge that the Applicant, including all Participating Physicians, have entered into a contractual agreement with all vendor(s) associated with the Applicant's deployment of a certified EMR and services as required under the 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	

Part D: Participating Physician Declarations & Signatures

We, the undersigned, understand that I/ we are participating in the New EMR Adopter Funding Program and:

Status: confirm that we are members of the Applicant identified in Part A of this Vendor Contract Declaration;

Payment Arrangements: agree that all payments for Participating Physicians under the New EMR Adopter Funding Agreement will be made to a single bank account designated by the Applicant in the Electronic Funds Transfer (EFT) Form;

Using EMR: confirm that I/we will be using the selected certified EMR application and version; 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.

Physician Information	Name (<i>first/last</i>)	Email Address
	Practice Location Address	CPSO#
	Signature	Signing Date
Physician Information	Name (<i>first/last</i>)	Email Address
	Practice Location Address	CPSO#
	Signature	Signing Date
Physician Information	Name (<i>first/last</i>)	Email Address
	Practice Location Address	CPSO#
	Signature	Signing Date
Physician Information	Name (<i>first/last</i>)	Email Address
	Practice Location Address	CPSO#
	Signature	Signing Date
Physician Information	Name (<i>first/last</i>)	Email Address
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	Signature	Signing Date
Physician Information	Name (<i>first/last</i>)	Email Address
	Practice Location Address	CPSO#
	Signature	Signing Date
Physician Information	Name (<i>first/last</i>)	Email Address
	Practice Location Address	CPSO#
	Signature	Signing Date
Physician Information	Name (<i>first/last</i>)	Email Address
	Practice Location Address	CPSO#
	Signature	Signing Date

Part E: Cancellation of Physician Contract with the Vendor

I, the Applicant, am terminating my contract with my EMR Vendor as the selected EMR Offering's Funding Eligibility has been suspended or withdrawn. The Vendor has not met the required:

Technical Implementation Date (TID)

Upgrade Date

Lead Physician Signature

Date

Reviewed by PMC/Date

Date Approved

Funded by/Date