BORN Enrolment Form

*Use this form to enrol an existing computer application into the **Better Outcomes Registry & Network (BORN) service**.*

Form Completion Instructions

1. A form must be completed for each existing EMR client.
2. Computer Application and Application Owner must already be registered at assurance level 2 as part of the EMR deployment.
3. All fields must be completed as specified.
4. Instructions on how to complete this form are provided at the end of the form.
5. The completed form must be emailed to registration.agents@ehealthontario.on.ca for processing.
   Do not submit any sensitive or personal information via email.

Part 1 – Computer Application Details

EMR Vendor Name

Common Name (CN) of the existing PKI certificate

Application Owner ONE ID Login ID (firstname.lastname@oneid.on.ca)

EMR ID

Part 2 – Enrolment and Sponsorship

2A – Computer Application Enrolment

☐ BORN

    Specify the Role(s) :
    ☐ Consumer ☐ Publisher

System OID:
System Node OID:

2B – Sponsorship Details

Salutation ☐ Dr. ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms.	First Name	Last Name
Position/Title	Business Telephone *(incl. Extension)*	Business Email

Sponsoring Organization's Legal Name

☐ *Sponsorship to enrol this EMR system into the BORN document exchange service was received on the completed Client Information Form.*

Part 1 – Computer Application Details

EMR Vendor Name	Enter the legal name of the EMR Vendor of the specified client.
Common Name (CN) of the existing PKI certificate	Enter the Common Name of the existing PKI certificate issued to the client during EMR deployment.
Application Owner ONE ID Login ID (firstname.lastname@oneid.on.ca)	Enter the existing Application Owners ONE ID Login identified during initial EMR deployment.
EMR ID	Enter the existing unique EMR ID assigned to the client's site. An EMR ID is provided by the EMR deployment team to all sites that have access to the OLIS service.

Part 2 – Enrolment and Sponsorship

2A – Computer Application Enrollment

BORN	Select the specified role for the BORN enrollment.
System OID	Enter the system OID information provided by The eHealth Ontario Standards Program.
System Node OID	Enter the system node OID information provided by The eHealth Ontario Standards Program.

2B – Sponsorship Details

Salutation	Enter title used before the surname or full name, or the professional title.
First Name	Enter the legal signing authority's full first name.
Last Name	Enter the legal signing authority's full last name.
Position/Title	Enter the legal signing authority's position at the sponsoring organization.
Business Telephone (including Extension)	Enter the business telephone number for the legal signing authority. Please list an extension number if applicable. Please do not indicate personal phone numbers.
Business Email	Enter the business e-mail address for the legal signing authority. Please do not indicate personal e-mail addresses.
Sponsoring Organization's Legal Name	Enter the full legal name of the organization that will be accessing the service as indicated on the agreements signed with eHealth Ontario.