

# eConsult Enrolment Form

Use this form to enrol an existing computer application into eConsult EMR Integration Proof of Concept for Ontario Telemedicine Network (OTN)

## 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](mailto: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

EMR ID

HIC

Certificate Expiry Date

## Part 2 – Enrolment and Sponsorship

### 2A – Computer Application Enrolment

ECONSULT

Specify the Role(s) :

Consumer

System OID:

System Node OID:

UPI:

### 2B – Client Details

Organization's Legal Name

Address

**The OTN eConsult Agreement has been signed and sponsorship has been received**

This request was authorized by OTN via:  Email  Memo  Other (specify):

Notes:

## Instructions

### eConsult POC Enrolment Form

<b>Part 1 – Computer Application Details</b>	
<b>EMR Vendor Name</b>	Enter the legal name of the EMR Vendor of the specified client.
<b>Common Name (CN) of the existing PKI certificate</b>	Enter the Common Name of the existing PKI certificate issued to the client during EMR deployment.
<b>EMR ID</b>	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.
<b>HIC</b>	Enter the full name of the Health Information Custodian
<b>Certificate Expiry Date</b>	Enter the expiry date of the existing PKI certificate issued to the client during EMR deployment.
<b>Part 2 – Enrolment and Sponsorship</b>	
<b>2A – Computer Application Enrollment</b>	
<b>eConsult</b>	Select the specified role for the eConsult enrollment.
<b>System OID</b>	Enter the system OID information provided by The eHealth Ontario Standards Program.
<b>System Node OID</b>	Enter the system node OID information provided by The eHealth Ontario Standards Program.
<b>UPI</b>	Enter the UPI information provided by eHealth Ontario
<b>This request was authorized by the above sponsor via: Email/ Memo/ Other (Specify)</b>	This field must specify how the sponsor has authorized this request. If other is selected then source needs to be specified (e.g. verbal).
<b>2B – Client Details</b>	
<b>Organization's Legal Name</b>	Enter the full legal name of the organization that will be accessing the service as indicated on the agreements signed with eHealth Ontario.
<b>Business Address (Number and Street)</b>	This field must contain the business address of the System Owner. Include the street number, street name, and street suffix (if applicable). For example, 123 Your Street North.