Computer Application Registration

Use this form to register a computer application. The PKI certificate will be installed on this "computer application"

Form Completion Instructions

1. This form must be completed for each new computer application.
2. This form is to be completed by the Application Owner. All application owners must be registered at Assurance Level 2 in ONE ID.
3. All fields must be completed as specified. Mandatory fields are marked with an asterisk (*). If the form is incomplete, it will be returned. Indicate "Not Applicable" or "N/A" if the field is not applicable.
4. Email completed form to registration.agents@ehealthontario.on.ca for processing
   NOTE: For internal eHealth Ontario PKI certificate requests, please provide the Certificate Name (CN) in the Notes section.
   Do not submit any sensitive or personal information via email

Part 1 – Computer Application

1A – Computer Application Type *

☐ Mail Server   ☐ EMR   ☐ LIS   ☐ HIS   ☐ Portal   ☐ Interface Engine (specify):   ☐ Other (specify):

1B – Computer Application Enrolment * *(Please select one or more enrolments)*

☐ **OLIS**:
Specify the environment:
☐ Client Self-Test / Conformance   ☐ Data Validation Test   ☐ Production   ☐ System Test/Pre-Production   ☐ Partner Self-Test
Specify OLIS Organization Type*:   OLIS Organization Identifier: OLIS EMR ID:
☐ HOS ☐ Lab ☐ Practitioner ☐ Other (Specify):

☐ **Portal Services**:
Specify the environment:
☐ Data Acquisition-System Integration Test   ☐ Partner Self-Test   ☐ Production   ☐ Pre-Production
Specify the key usage (Encryption or Signing) *:
Specify the certificate usage (Server or Client Authentication) *:

☐ **Cornerstone Systems**:
Specify the environment:
☐ Data Acquisition-System Integration Test   ☐ Partner Self-Test   ☐ Production   ☐ Pre-Production
Specify the Application/System connecting to:
☐ Client Registry   ☐ Provider Registry   ☐ User Registry   ☐ User Registry SAML   ☐ OLIS
☐ Ontario Drug Benefit   ☐ Portal Services   ☐ Client Registry/Provider Registry Pub/Sub

☐ **ONE Mail**

☐ **Other (specify):**
Specify the environment (DA-SIT, Partner Self Test, Production, Pre-Prod) *:
Specify the key usage (Encryption or Signing) *:
Specify the certificate usage (Server or Client Authentication) *:

1C – Computer Application Details *

Computer Application Name * *(e.g., Microsoft Exchange)*	Computer Application Version, Build Release & Date *
Computer Application Vendor * *(e.g., Microsoft)*	Is the Computer Application Platform Windows based * ☐ Yes ☐ No
Organization Name * *(e.g., Twin Falls Health Sciences Network)*	Computer Application Location * *(location where application physically resides, e.g., ABC General Hospital)*

Business Address * *(Number and Street)*	Suite/Unit/Floor	City/Town *	Province * **ON**	Postal Code *

Part 2 – Organization

Other locations that share this computer application (if applicable):

Location 1	Location 2

Location 3	Location 4

Part 3 – Application Owner

Please provide the contact information for the Application Owner of the Computer Application identified in Part 1. *The Application Owner must be registered with an @oneid.on.ca account.* **_If individual is not registered, please contact your Local Registration Authority or eHealth Ontario for assistance._**

First Name *	Last Name *

Position/Title *	Business Telephone * *(incl. Ext.)*	Business Email *

Login ID (firstname.lastname@oneid.on.ca)*

Part 4 – Sponsor

Salutation * ☐ Dr. ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms.	First Name *	Last Name *

Position/Title *	Business Telephone * *(incl. Extension)*	Business E-mail

This request was authorized by the above sponsor via: ☐ Email   ☐ Memo   ☐ Other (specify):

Notes
    *For internal eHealth Ontario PKI Certificate requests, please provide the Certificate Name (CN) below: