

**EMR Adoption Program
New EMR Adopter Funding
Go-Live Declaration**

Form Purpose: The Go-Live Declaration confirms that the Applicant has completed implementation of the selected certified EMR product for the listed Participating Physicians. The Scope of Work (SOW) showing that Implementation Acceptance Testing has been satisfactorily completed must be attached to the form. Please use a separate form listing the Participating Physicians at each practice location.

Part of Funding Agreement: This form will be attached to and form part of the New EMR Adoption Funding Agreement.

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

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| <p>Form Submission: Mail or courier a signed completed original of this form with the Scope of Work attached to: New EMR Adopter Funding Ontario MD Inc. 150 Bloor Street West, Suite 900 Toronto, ON, M5S 3C1</p> | <p>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.</p> |
| Fax: 416 623-1249 | |

Next Steps: OntarioMD will review the Declaration and SOW to determine whether payment of the monthly subsidy for the listed Participating Physicians will start.

| Part A: Applicant Information | | | |
|---|----------------------------|---------------|---------|
| Applicant 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 | | | |
| EMR Location Address (<i>please use a separate form for each location</i>) | | | |

| Part C: Participating Physicians Go-Live Declaration & Signatures | | | |
|---|----------------------------|--------------|-----------|
| We, the undersigned,: | | | |
| <ul style="list-style-type: none"> EMR Implemented: confirm that all EMR products and services have been successfully implemented and are ready for use in our medical practices in accordance with the requirements of the Applicant's 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. | | | |
| CPSO # | Name (<i>first/last</i>) | Go-Live Date | Signature |
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| Part B: Lead Physician Declaration & Signature | | |
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| I, the undersigned, acting as the Applicant's authorized representative and Lead Physician: | | |
| <ul style="list-style-type: none"> EMR Implemented: confirm that all EMR products and services have been successfully implemented and are ready for use in the medical practices of the Participating Physicians listed above in accordance with the Applicant's 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 |
| | | |

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| Reviewed by PMC/Date | Approved by/Date | Funded by/Date |
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