

System Registration and Enrolment Form

(Use this form to register and enrol a System for access and eligible services)

The PKI certificate will be installed on the system node

Form Completion Instructions

1. A form must be completed for each service enrolment and/or system application. This form is used to register and enroll a System for access and eligible services.
2. This form is to be completed by the System Application Owner. All system owners must be registered at Identity Assurance Level 2.
3. A completed Client Information Form (CIF) must have been submitted to the agreements team for net new organization(s) prior to registering a system.
4. 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. Please refer to the [System Registration and Enrolment Form Instructions](#).
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 – Organization Details *(Please provide the legal name of the organization that will be accessing the service as indicated on the agreements signed with eHealth Ontario)*

Organization Legal Name * (e.g., Twin Falls Health Sciences Network)

Specify type of organization:

- New
- Specify if a completed CIF has been sent to the Agreement team Yes No
- Existing

Part 2 – Service Enrolment Details *(This section to be populated with the support of the respective eHealth Ontario Program Area)*

System Registry:*

- Do you have any existing certificate(s) (Yes/No) : Yes No
 - If Yes, provide Certificate Name (CN):
- Number of PKI certificates required:
- Please provide the preferred Certificate Name (CN) if required, otherwise a name will be automatically assigned to your certificate.
- Provide Parent System and System Node OID(s) for each Certificate Name (CN) listed below

Parent System OID:	CN =	OID =
System Node OID(s):	CN =	OID =

(Use the notes section below for additional OIDs information if required)
- Select environment: Partner Self-Test Production Pre-Production

Specify the enrolment(s):*

Provincial Client Registry (PCR)

- *Specify the Role(s):
- Definitional Source
 - eHR Partner
 - Clustered Consumer
 - Direct Consumer
 - Publisher
 - Subscriber

Diagnostic Imaging (DI)

- *Specify the Role(s):
- Consumer
 - Publisher
 - Trusted Partner

DHDR

- *Specify the Role(s):
- Consumer
 - Publisher

CDR

- *Specify the Role(s):
- Consumer
 - Publisher

Health Report Manager (HRM)

- Role: Publisher
- Please provide the sponsoring organization's UPI*:
- Additional UPI(s): Yes
For additional UPIs, use the 'Notes' section located at the bottom of the form.

*Complete the [PCR Enrolment Attribute form](#).

Part 3 - System Registration Details

3A System Application Type * (Please select one)

EMR LIS HIS Portal Interface Engine (specify): Other (specify):

3B – System Application Details *

System Application Name * (e.g., Microsoft Exchange)	System Application Version, Build Release & Date *			
System Application Vendor * (e.g., Microsoft)	Is the System Application Platform Windows based * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Organization Name * (e.g., Twin Falls Health Sciences Network)				
Business Address * (Number and Street)	Suite/Unit/Floor	City/Town *	Province * ON	Postal Code *

Part 4 – Application Owner

Please provide the contact information for the Application Owner of the System 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 5 – Sponsor

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: