**APPLICATION SUBMISSION REQUIREMENTS**

A written submission is required from the EMR vendor corresponding to the OntarioMD submission requirements described below. Your submission **MUST** include the following:

## Cover Letter

This will include an introduction to the EMR vendor and the offering being submitted for EMR Certification.

The letter **MUST** have a statement confirming that the information being provided within the Application for EMR Certification along with supporting documentation that is being submitted is true and accurate.

The letter must be signed by an authorized signing officer of the organization.

## Application for EMR Certification

Fully completed and signed by an authorized signing officer of the organization.

## Mandatory Documentation Checklist

Fully completed. Submission of **ALL** documentation stated in this checklist is **MANDATORY.** The documentation **MUST** be submitted along with the Application for EMR Certification.

## Application Processing Fee

A cheque of **$2,500+HST**. Please make the cheque payable to **OntarioMD Inc**.

HST #: 88881 9620 RT0001

Include Reference information **“EMR Certification”** on the cheque

Kindly submit the original cheque to the following address:

Attention: EMR Certification Administrator

OntarioMD Inc.

150 Bloor St W, Suite 900

Toronto, ON M5S 3C1

## Submission details

Please submit the Application for EMR Certification along with a **copy of the cheque** to:

Email address: ([emrvalidation@ontariomd.com](mailto:emrvalidation@ontariomd.com)).

Email subject line: Vendor Name | EMR Offering Name | Application for EMR Certification

Email Body:

Attention: EMR Certification Administrator

List of the documents attached