Ontario Health

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 ONEIDRegistrationAgents@OntarioHealth.ca for processing
   NOTE: If a specific Certificate Name (CN) for the PKI certificate is required, specify in the notes section below.
   Do not submit any sensitive or personal information via email

Part 1 – Computer Application

1A – Computer Application Type *

☐ EMR (EMR ID   )   ☐ LIS   ☐ HIS   ☐ Interface Engine   ☐ Other (specify):

1B – Computer Application Service * *(Please select one or more services)*

☐ **OLIS**:
   Specify OLIS Organization Type*:   ☐ HOS   ☐ Lab   ☐ EMR   ☐ Practitioner   ☐ Other (Specify):
   OLIS Organization Identifier:
   *Note - If HOS or LAB is selected then organization identifier must be provided

☐ **DHDR**:
   ☐ DHDR Viewing   ☐ DHDR Contribution

☐ **Federation**
   ☐ Federation Identity Provider (IDP)   ☐ Federation Service Provider (SP)

☐ **eForms**

☐ **eConsult**

☐ **acCDR**

☐ **Other (Specify):**

Environment
Specify the environment mapping below. For lower environment (DEV, DIT, QA, etc.) please contact NPE Support for assistance.

	Entrust Root Certificate	ONE ID/AD Enviroment	Service Environment (Specify)	These examples cover common scenarios but environments vary by service. Service owners can provide definitive mapping
☐	Production	Production		Required for PHI integrations (e.g. Prod, CST)
☐	ENT1	Pre-Production (PPE)		Non-PHI integrations, usually internal to OH (e.g. PPE)
☐	ENT2	DTE Partner (DTE-P)		Non-PHI integrations, may be internal or external (e.g. PST, IVA)
☐	Other*	Requirements:		

*Further discussion with the ONE ID Business Team may be required to support non-standard implementations

Subject Alternative Name(s) (SANs):
(*Unique extension name provided to indicate all of the domain names and IP addresses for the certificate name*)

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 Ontario Health for assistance.**

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

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

Part 4 – Sponsor

☐ The Application Owner is providing sponsorship for this certificate, enter sponsor's organization only.
Complete the remaining fields in this section if the sponsor is different than the Application Owner.

Salutation * ☐ Dr. ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms.	First Name *	Last Name *
Position/Title *	Business Telephone * *(incl. Extension)*	Business E-mail

Sponsor's Organization*

Notes (Additional information regarding certificate requirements)