**EMR REQUIREMENTS ATTESTATION FORM**

The responses in the EMR Requirements Attestation Formshould be based on the **current** functionality or capability of the EMR offering that the vendor is proposing, as can be substantiated by references from its existing client base.

The EMR offering **MUST** meet **ALL MANDATORY** requirements.

**SECTION 1: FOUNDATIONAL REQUIREMENTS**

**EMR Data Migration Specification**

Does the EMR offering meet **ALL** the **Mandatory Requirements** listed in the **EMR Data Migration Specification** posted on the OntarioMD website under **Current EMR Specifications**

Yes  No

**EMR Core Data Set Specification**

Does the EMR offering meet **ALL** the **Mandatory Requirements** listed in the **EMR Core Data Set Specification** posted on the OntarioMD website under **Current EMR Specifications**

Yes  No

**EMR Hosting Specification**

Does the EMR offering meet **ALL** the **Mandatory** requirements listed in the **EMR Hosting Specification** posted on the OntarioMD website under **Current EMR Specifications**

Yes  No  N/A

**SECTION 2: CONNECTIVITY AND TOOLS REQUIREMENTS**

**EMR OLIS Specification**

Does the EMR offering meet **ALL** the **Mandatory** requirements listed in the **EMR OLIS Specification** posted on the OntarioMD website under **Current EMR Specifications**

It is understood that vendors seeking certification of an EMR offering for the first time have not completed the OLIS interface conformance testing, and their attestation is based on their understanding of the OntarioMD EMR OLIS specification

Yes  No

**EMR HRM Specification**

Does the EMR offering meet **ALL** the **Mandatory** requirements listed in the **EMR HRM Specification** posted on the OntarioMD website under **Current EMR Specifications**

It is understood that vendors seeking certification of an EMR offering for the first time have not completed the HRM interface conformance testing, and their attestation is based on their understanding of the OntarioMD EMR HRM specification

Yes  No

Does the EMR offering meet the **Optional** requirement

Yes  No

**SECTION 3: FUNCTIONAL REQUIREMENTS**

**Primary Care EMR Baseline Specification**

Does the EMR offering meet **ALL** the **Mandatory Requirements** listed in the **Primary Care EMR Baseline Requirements Specification** posted on the OntarioMD website under **Current EMR Specifications**

Yes  No

List the **Optiona**l requirements that the EMR offering meets in the table below. If the EMR offering meets **ALL** the **Optional** requirements, write **ALL** in the table.

|  |  |  |  |
| --- | --- | --- | --- |
| # | OMD # | REQUIREMENT | VENDOR COMMENTS |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EMR Chronic Disease Management(CDM) Specification**

Does the EMR offering meet **ALL** **Mandatory Requirements** listed in the **EMR Chronic Disease Management Specification** posted on the OntarioMD website under **Current EMR Specifications**

Yes  No

List the **Optiona**l requirements that the EMR offering meets in the table below. If the EMR offering meets **ALL** the **Optional** requirements, write **ALL** in the table.

|  |  |  |  |
| --- | --- | --- | --- |
| # | OMD # | REQUIREMENT | VENDOR COMMENTS |
|  |  |  |  |
|  |  |  |  |

**SECTION 4: VENDOR DECLARATION**

By signing below, EMR vendor acknowledges that it understands the Application process for EMR Certification and confirms that the information in this EMR Requirements Attestation Form is true, accurate and complete.

|  |  |
| --- | --- |
| **Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *I have authority to bind the Vendor* |
| **Name:** | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Title:** | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Date:** | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Month Day, Year* |