

# CPSNL Peer Review Temporary User ID Request

Please submit this form to initiate the process of having a temporary user id for a College peer reviewer set up by eDOCSNL on behalf of the CPSNL.

**Note:**

- eDOCSNL personnel will assist with the process upon receipt of this form
- eDOCSNL personnel will de-activate the user ID and provide an audit report to the provider under review within the EMR, via task, once notified by the CPSNL that the peer review is complete
- eDOCSNL is not responsible for impact to CPSNL timelines based on provider failure to respond to correspondence in a timely fashion

## Step 1: Information of the Provider under Review

Complete the table below with the information of the Provider under review.

Last Name		First Name		Middle Name/Initial
License #		Provider Mnemonic		
Title		Email		
Main Phone		Direct Phone		
Clinic Legal Name		Corporation #		
Site ID		Street Address		
City/Town		Postal Code		

## Step 2: Full Name and Title of Peer Reviewer

Complete the table below with the information of the reviewer.

Last Name		First Name		Middle Name/Initial	
Title		Phone		Email	

## Step 3: Provider under Review Consent

I, \_\_\_\_\_, as the provider under review, authorize eDOCSNL to access my EMR instance and configure a temporary account for my peer reviewer \_\_\_\_\_ (peer reviewer name).

\_\_\_\_\_  
Provider under Review

\_\_\_\_\_  
Date

## Step 4: Submit Application

Email, fax or mail completed form to:  
eDOCSNL, c/o NL Centre for Health Information,  
70 O'Leary Avenue, St. John's, NL, A1B 2C7

**Email:** [info@edocsnl.ca](mailto:info@edocsnl.ca) **Fax:** 709-752-6529

*Personal information collected on this form is collected under the Newfoundland and Labrador Access to Information and Protection of Privacy Act and will only be used for the administration of eDOCSNL. Inquiries about the use and protection of this personal information should be directed to the ATIPPA Coordinator at NL Centre for Health Information.*