eHealth Saskatchewan

PEER PROGRAM EXPRESSION OF INTEREST

Contact Information			
Name:		Phone:	
Clinic Address:		Email:	

Clinic Information					
# of Office Staff	# of Physicians	Practice Type	EMR Vendor	Patient Size	Location
		☐ General ☐ Specialist		☐ 15 - 25 ☐ 25 - 50 ☐ 50+	

EMR Information

Length of time using an EMR: _____

Please select your comfort level using an EMR:

☐ Not Comfortable ☐ Somewhat Comfortable ☐ Very Comfortable

Please select which functions you typically use in your EMR:

☐ Billing ☐ Scheduling ☐ Templates ☐ Reporting

☐ Registration ☐ Requisitions ☐ Chronic Disease Management

Peer Information

Are you comfortable in doing public speaking to promote the peer network?

☐ Yes ☐ No

Are you able to dedicate approximately **4 hours** per month during business hours?

☐ Yes ☐ No

Other Information

Would you consider yourself as a champion of eHealth solutions? Why?

Have you previously experienced challenges with eHealth solutions? If so, how did you overcome them?

Submit by Email