Uniform Resource Identifier (URI) Request Form

This form will assist in the assignment of new URI(s) for your organization.

If you are requesting URI(s) for more than one health care organization (e.g. Hospital, Family Health Team, Independent Health Facility), please fill in one form for each requesting organization.

## Section 1: Submitter/Contact Information (Mandatory)

|  |  |
| --- | --- |
| First Name: | Enter First Name |
| Last Name: | Enter Last Name |
| Email: | Enter Email |
| Tel: | Enter Telephone |
| Organization of the submitter: | Submitter’s Organization |
| Submitter Role/Job Title: | Submitter’s Role or Title |

## Section 2: Background Information (Mandatory)

|  |  |
| --- | --- |
| Project /Electronic Health Record (EHR) Asset for which the URI(s) is requested:Example: eConsult implementation  | Enter associated Project or EHR Asset |
| Reason for the request:Example: adding new contributing source to Provincial Client Registry (PCR) | Purpose of URI Request |

## Section 3: Organization Information (Mandatory)

|  |  |
| --- | --- |
| Name of the health care organization for which the URI(s) is requested: |  |
| Affiliated LHIN: |  |
| Building Address (number and street name): |  | Suite Number (if applicable): |  |
| Building Name (for multi-building sites): |  | P.O. Box (if applicable): |  |
| City/Town: |  | Postal Code: |  |
| **Organization Type:** |
| [ ]  Ambulance Service[ ]  Aboriginal Health Access Centre[ ]  A centre, program or service for community health or mental health[ ]  Service provider under the Home Care and Community Services Act[ ]  Community Health Centre[ ]  Designated Psychiatric Facility under the Mental Health Act[ ]  Independent Health Facility[ ]  Oncology Centre | [ ]  Pharmacy[ ]  Public Hospital[ ]  Private Hospital[ ]  Public Health Unit[ ]  Retirement Home licensed under the Retirement Homes Act, 2010[ ]  Long–Term Care Home under the Long Term Care Homes Act, 2007[ ]  Nurse Practitioner Led Clinic[ ]  Midwifery Practice/Clinic | [ ]  Family Health Team[ ]  Family Health Group[ ]  Family Health Organization[ ]  Family Health Network[ ]  Primary Care Network[ ]  Sole Physician or Physician Group Practice[ ]  Walk-in clinic[ ]  Other: specify details |
|  |
| **If there has been any change to the organization (e.g. name change, merger, split) in the last 8 years, please fill in the following information.** |
| Nature of the organization change: | [ ] New Organization [ ] Merger [ ] Split [ ] Name change [ ] Other: specify details |
| Details pre-change Example: previous legal name, previous member sites, other information | Details of pre-changes |
| Details post-changeExample: new legal name, new member sites, other information etc.)  | Details of the post-changes |

## Section 4: URI Request Details (Mandatory)

Please check the type of URIs you would like to request (check all that apply).

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| **Request - Please provide details of the requested URI, including the represented concept and purpose of use:** |
| Details of the request |