



Prior to submission:
 a. Complete all sections of this form.
 b. Review checklist below to ensure completeness of submission.

Note: Awareness and education for a new or updated form(s) is the responsibility of the department, program or requesting group. If you require assistance with education on completing forms, e-mail forms@nlchi.nl.ca

PROVINCIAL FORM REQUEST

FORM DETAILS	APPLICATION DETAILS
FORM TITLE:	
REQUESTED BY/PRIMARY CONTACT:	Primary Contact Name: Title: Organization: Telephone: Email:
REQUESTED ON BEHALF OF: State organization, provincial program, clinical service within an RHA, etc. if applicable	
REASON FOR REQUEST:	<input type="checkbox"/> New Form (state clinical/business need for new form) <input type="checkbox"/> Replacing Regional Form(s): <hr/> <input type="checkbox"/> Revised Form (state current form name, form number and reason for revision):
DOES THE FORM REQUIRE DUPLICATE OR TRIPPLICATE FORMAT? i.e. 1. White Copy - Chart 2. Yellow Copy - Pharmacy 3. Pink Copy – Physician	<input type="radio"/> Yes <input type="radio"/> No
NAMES, TITLES, COMMITTEES OR GROUPS INVOLVED IN DEVELOPMENT, REVIEW/ TESTING OF THE FORM If the form contains medication-related information, ensure pharmacist input is received; or if legal advice is required, please include their information.	<input type="checkbox"/> Pharmacist Reviewed (if required) <input type="checkbox"/> Legal Reviewed (if required) <input type="checkbox"/> All Appropriate Committees Reviewed (if required)
NAME AND TITLE OF SENIOR LEADERSHIP/ CLINICAL PROGRAM LEADS ENDORSING THIS REQUEST	Name:
	Title:
	Program:

Signature of Requestor: _____

Date: _____

FORM SUBMISSION CHECKLIST

All forms will be in the following format:

- All forms are 8.5 x 11 inches or 11 x 17 inches, perforated to 8.5 x 11 inches;
- The logo, title and form control number will appear on every page; for multi-part forms, subsequent pages will have part number on the top (e.g. Part I, Part II, Part III, etc.);
- A minimum of three identifiers [including Name, HCN/MCP (Health Care Number), and Date of Birth (DOB)] appear on all pages of client-specific forms;
- The provincial standard date format (YYYY/MON/DD) is indicated on every date field;
- The provincial standard time format is recorded using the 24-hour clock (HH:MM);
- The date and signature fields are included on each page (for forms that require a signature);
- A 'Provider Name' line accompanies a signature line whenever a signature is required;
- The provincial confidentiality statement is included on any form to be signed by a patient, client, resident or representative (if necessary).

Ensure the following is completed prior to submitting the form:

- Abbreviations and acronyms are spelled in full the first time they appear on the form and the shortened version used thereafter. This process is repeated on subsequent pages.
- Ensure the names of the individuals or groups that developed, reviewed and/or tested the content of the form are noted on the Provincial Form Standardization Request Form (above).
- If applicable, a pharmacist or pharmaceutical advisory group has reviewed the form content related to medications.
- The name(s) and title(s) of senior leadership endorsing the form being submitted is/are noted on the Provincial Form Standardization Request Form (above).
- All applicable existing forms that are being revised or replaced by the form being submitted are attached to the e-mail.

Upon completion of this form and checklist, submit your request to forms@nlchi.nl.ca