eHR Service Provider (SP) Training Scheme

Application Form

Application for eHR SP training scheme can be submitted throughout the year. Form A is suitable for IT Vendor whereas Form B is for Private Healthcare Provider.

The Application Form can be downloaded from the eHRSS website (http://www.ehealth.gov.hk/en/home/index.html).

Submission of Application Form:

Applicants should submit the completed application form by post, facsimile or electronic mail to eHRO.

Finance and Project Management Unit,
Electronic Health Record Office,
Health Bureau,
Units 1803-6, 18/F, AIA Tower, 183 Electric Road,
North Point, Hong Kong
[Attn: EO(H)6B]

Fax: (852) 3586 0445
Email: enquiry@ehealth.gov.hk

For all application, applicants should also provide a copy of the Business Registration Certificate and/or the Certificate of Incorporation (of the IT vendor or the private healthcare provider).

Form A – For IT Vendor

A. Company Details			
1. Company Name			
2. Business Registration Number			
3. Company Address			
4. Company Website			
5. Contact Person			
Name and Position			
Tel No. (Office)		Tel No. (Mobile)	
Fax			
Email Address			
6. Company History			
Company set up for	☐ less than 5 year ☐ 5 – less than 7 years ☐ 7 – less than 10 years ☐ 10 years or longer		
IT project implementation experience	☐ 0-1 year ☐ 2-4 years ☐ 5-7 years ☐ Over 7 years		
IT support experience	☐ 0-1 year ☐ 2-4 years ☐ 5-7 years ☐ Over 7 years		
Healthcare service experience	☐ No experience ☐ 1-2 years ☐ 2-4 years ☐ Over 4 years		
7. No. of Staff	☐ 0-2 staff ☐ 3-5 staff ☐ 6-9 staff ☐ Over 9 staff		
8. No. of Staff to support CMS On-ramp	☐ 0-2 staff ☐ 3-5 staff ☐ 6-9 staff ☐ Over 9 staff		
9. Support			
Hotline Telephone			
Fax			
Email Address			
Office Hours			

10. Services Offerings
☐ Installation and Setup of CMS On-ramp ☐ Hardware and Network Setup and Configuration ☐ Server Hosting ☐ Data Migration ☐ On-site Maintenance Support ☐ Conduct End-user Training ☐ Install Communication Module to connect to the eHR Sharing System ☐ Build add-on functionalities to interface with CMS On-ramp
B. Company Expertise
1. Professional Certification ☐ Yes Please specify: _____ ☐ No
2. Windows 8.1, Windows 10, Windows 11 and basic Mac OS knowledge
☐ Yes ☐ No
3. Apache HTTP Server installation and configuration experience
☐ Yes ☐ No
4. Application server such as Tomcat, JBoss, Weblogic installation and configuration experience
☐ Yes ☐ No
5. Database such as MS SQL, MySQL, Postgre SQL installation and configuration experience
☐ Yes ☐ No
6. System Backup and Restore experience
☐ Yes ☐ No
7. Security Risk Assessment (SRA) experience
☐ Yes ☐ No
8. Familiar with LAN environment and basic network knowledge
☐ Yes ☐ No
C. For Company involved in CMS On-ramp enhancement only
Java programming experience ☐ No experience ☐ 1-2 years ☐ Over 2 years
Google Web Toolkit programming experience ☐ No experience ☐ 1-2 years ☐ Over 2 years

D. Declaration of Information	
THE UNDERSIGNED (FULL NAME) CERTIFY THAT THE INFORMATION FURNISHED ON THIS APPLICATION FORM IS TRUE AND CORRECT.	
Name of Authorised Person	Date
Signature of Authorised Person	Company Chop

Note

The purpose of collecting company and personal data by the Electronic Health Record Office of the Health Bureau of HKSARG is to process the application under the eHR Service Provider Training Scheme and to carry out subsequent follow-up work only.