

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 eHealth website (<https://www.ehealth.gov.hk/en/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,
Unit 1103, 11/F, Harbourside HQ, 8 Lam Chak Street,
Kowloon Bay, 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 | <input type="checkbox"/> less than 5 year <input type="checkbox"/> 5 – less than 7 years <input type="checkbox"/> 7 – less than 10 years <input type="checkbox"/> 10 years or longer | | |
| IT project implementation experience | <input type="checkbox"/> 0-1 year <input type="checkbox"/> 2-4 years <input type="checkbox"/> 5-7 years <input type="checkbox"/> Over 7 years | | |
| IT support experience | <input type="checkbox"/> 0-1 year <input type="checkbox"/> 2-4 years <input type="checkbox"/> 5-7 years <input type="checkbox"/> Over 7 years | | |
| Healthcare service experience | <input type="checkbox"/> No experience <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-4 years <input type="checkbox"/> Over 4 years | | |
| 7. No. of Staff | <input type="checkbox"/> 0-2 staff <input type="checkbox"/> 3-5 staff <input type="checkbox"/> 6-9 staff <input type="checkbox"/> Over 9 staff | | |
| 8. No. of Staff to support CMS On-ramp | <input type="checkbox"/> 0-2 staff <input type="checkbox"/> 3-5 staff <input type="checkbox"/> 6-9 staff <input type="checkbox"/> Over 9 staff | | |
| 9. Support | | | |
| Hotline Telephone | | | |
| Fax | | | |
| Email Address | | | |
| Office Hours | | | |

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