

Integration Vendor Application

Vendor Integration Services

Complete the Integration Vendor Application form. There are two parts to the application:

1. Vendor business information.
2. Pilot Customer contact information. The Vendor must present at least one mutual Customer that can serve as a pilot during certification.

This information used to qualify interested vendors and initiate the process and requirements for placement in the queue to certify with PointClickCare.



Part 1. Vendor			
About the Vendor Business			
Note: If you are a Pharmacy, please use a different form, here http://www.pointclickcarepharmacyexchange.com/info.php .			
Vendor Name			
Product Name			
Address (Street number and name, City, State/Province, Zip/Postal Code)			
Billing Address (if different from Address)			
Vendor Category		Specify other:	
Web site address			
Business growth: How many new orgs and facilities?	<i>Last year</i>	Orgs:	Facilities:
	<i>Prior year</i>	Orgs:	Facilities:
	<i>Two years prior</i>	Orgs:	Facilities:
No. of employees			
Subscription model (select all that apply)	Fee-for-Service Short-term contract (1-year) Medium-term contract (3- to 5-year) Long-term contract (5+ year)		
Year business was established			
Number of mutual customers with PointClickCare	Orgs:	Facilities:	Beds:
Total number of customers with you	Orgs:	Facilities:	Beds:
Are you integrated with other EHR systems?			
Can your system support more than one endpoint URL?			
Your application is:			
Certification Options			
Select the integration you are interested in.			
Outbound ADT	\$7,500	Send admit & discharge info	
CRM Integration (Inbound A05) (not yet available - coming soon)	\$7,500		
Weights and Vitals (must have Outbound ADT first)	\$7,500		
Outbound ADT and Weights and Vitals	\$12,000		
Identity and Access Management	\$7,500		
Outbound ADT and MDS Generic Response OR Therapy Minutes	\$10,000		
Outbound ADT and MDS Generic Response AND Therapy Minutes	\$12,000		

Technical Support Availability	
Business Hours (incl. time zone)	Indicate how we can contact support during these hours.
After Hours	Indicate how we can contact support during these hours.
Emergency Support	Indicate how we can escalate contact if after-hours support cannot be reached.
Executive Sponsor	
Executive-level sponsor who endorses integration with PointClickCare.	
Full Name	
Title/Position	
Email	
Office phone	
Cell phone	
Fax number	
Primary Contact	
Primary vendor business contact.	
Full Name	
Title/Position	
Email	
Office phone	
Cell phone	
Fax number	
Technical Contact	
The person who will be the responsible technical lead during certification.	
Full Name	
Title/Position	
Email	
Office phone	
Cell phone	
Fax number	

Part 2. Pilot Customer Information**Primary Pilot Customer**

Certification involves one facility serving as pilot for new Vendor certification with PointClickCare. Indicate who the pilot Customer will be.

Organization Name	
Facility Name	
Address	
Contact Name	
Title/Position	
Office phone	
Cell phone	
Fax number	
Email	

Pilot Customer Information (First Back-Up)

Identify a back-up pilot Customer.

Organization Name	
Facility Name	
Address	
Contact Name	
Title/Position	
Office phone	
Cell phone	
Fax number	
Email	

Pilot Customer Information (Second Back-Up)

Identify a second back-up pilot Customer.

Organization Name	
Facility Name	
Address	
Contact Name	
Title/Position	
Office phone	
Cell phone	
Fax number	
Email	