

ITRANS Clinical Document Service – Professional Association**PLEASE FILL OUT AND
FAX TO: 613-736-8030****PROFESSIONAL ASSOCIATION INFORMATION**

Name of Professional Association: _____

Name of Applicant: _____

Site ID: _____ Tel: _____ Fax: _____

Send ITRANS Digital Certificate Issuance and Expiry notices to the following email:

Send important ITRANS administrative notices to the following email: _____

CERTIFICATE PASSWORD DELIVERY

Please note: Should the fax method of delivery not be authorized CSI will mail the password information.

Address: _____
STREET CITY PROVINCE POSTAL CODE

Authorized Contact(s): _____

↳ Person(s) that you authorize to have access to the password for your ITRANS Digital Certificate.

FAX DELIVERY CONSENT

Authorizing fax delivery releases Continovation Services Inc. of any security liability. The named signing officer acknowledges that this method of transport may not be secure and the private information contained in this communication may ultimately be viewed by a third party or lost in transport. This authorizes Continovation Services Inc. to send password information via fax upon request from an authorized contact from this day forward.

Signed By: _____ Fax: _____

Applicant Signature: _____ Date: _____

NO STAMPS PLEASE

Please Note: Should the fax method of delivery not be authorized Continovation Services Inc. will mail the password information.

PAYMENT OF FEES

ITRANS Clinical Document Service annual access fee: No Charge

PRIVATE INFORMATION CONSENTIn order to provide you with ITRANS™ transaction and messaging services and the issuance of an ITRANS digital trust certificate, it is necessary for Continovation Services Inc. (CSI) to collect, retain, use, disclose and share your information with the following parties: Health Care Service Providers. I authorize CSI to collect, retain, use, disclose and share my information, and any other information necessary to provide the services hereunder to you. CSI's privacy statement is available at www.continovation.com.Applicant Signature: _____ Date: _____
MANDATORY - NO STAMPS PLEASE

Authorizing Party: _____ (Please print name)

*Must be authorized by an officer of the association

Authorizing Party Signature: _____ Date: _____
MANDATORY - NO STAMPS PLEASE**Questions? Call the ITRANS Help Desk at 1 866 788 1212**