



## Application to Participate

The Wisconsin Health Information Technology Extension Center (WHITEC) provides education, outreach, and technical assistance to Wisconsin health care providers in selecting, implementing, and using health information technology (HIT) to improve the quality and value of health care.

If you wish to apply to work with WHITEC on HIT adoption and meaningful use, please review and complete the bottom of this page and the following page.

\_\_\_\_\_  
Practice Name

\_\_\_\_\_  
Practice Address

\_\_\_\_\_  
Practice Phone Number

\_\_\_\_\_  
Practice Tax Identification Number

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

Are you affiliated with a hospital(s)?

Yes  No

If yes, please list: \_\_\_\_\_

Do you have multiple clinic sites?

Yes  No

If yes, how many: \_\_\_\_\_

Are you a Federally Qualified Health Center?

Yes  No

Are you a Critical Access Hospital?

Yes  No

Are you a Rural Hospital with less than 50 beds

Yes  No

Number of primary care\* physicians in the practice: \_\_\_\_\_

Number of primary care\* mid-level providers (PA, NP) in the practice: \_\_\_\_\_

\*Primary care is defined as Family Practice, Internal Medicine, OB/GYN, and Pediatrics

Number of other specialty physicians in the practice: \_\_\_\_\_

Number of specialty mid-level providers (PA, NP) in the practice: \_\_\_\_\_

Please list the specialties the practice would represent: \_\_\_\_\_

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**Current Status:**

Are you currently using an electronic practice management (scheduling and/or billing) system?

Yes  No

If yes, list product name and date of implementation \_\_\_\_\_

Do you anticipate a need to replace your practice management system prior to or at the time of implementing an EHR?  Yes  No

Are you currently using an Electronic Health Record (EHR)  Yes  No

If yes, list product name, version and date of implementation \_\_\_\_\_

Have you purchased an EHR, but have yet to implement?  Yes  No

If yes, list product name and anticipated date of implementation \_\_\_\_\_

If no, when do you plan to purchase an EHR? \_\_\_\_\_ implement an EHR? \_\_\_\_\_

How did you hear about WHITEC?

Mailing  Conference  Website  Other: \_\_\_\_\_

For questions or additional information, please contact:

Heidi Clarke

WHITEC Administrative Assistant

hclarke@whitec.org or (608) 729-2708

To return completed form, please fax to: (608) 274-5008, ATTN: Heidi Clarke