Oregon Provider Directory Data Source Onboarding Form

New batch data contributors, please complete the form below to move forward in the onboarding process to add information to the Oregon Provider Directory. Please send this completed form and a sample file to help@oregon-pd.org to continue the process.

1. Data source organization name: Click or tap here to enter text.
2. Account contact name: Click or tap here to enter text.
3. Account contact email address: Click or tap here to enter text.
4. Please indicate your organization’s legal onboarding status with Oregon Health Authority to participate in the Provider Directory solution:

[ ]  Not started [ ]  In progress [ ]  Complete

1. File transport mechanism (choose one, must be consistent each submission):

[ ]  File Uploader in the user interface

[ ]  SFTP

[ ]  Standard REST API

[ ]  SOAP API

[ ]  Direct Secure Messaging Click or tap here to enter text.

1. File submission frequency:

[ ]  Weekly [ ]  Monthly [ ]  Quarterly [ ]  Other

1. Which file types will your organization be submitting?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Providers | [ ] Provider to Organization Affiliations | [ ] Endpoints | [ ] Organization Endpoint Affiliations | [ ] Provider to Organization Affiliation Endpoints |
| [ ] Organizations | [ ] Organization to Organization Affiliations | [ ] Provider Endpoint Affiliations | [ ] Staff (Non- clinical) | [ ] Staff Endpoint Affiliations |

1. Is this data contributor a program (i.e. PCPCH, PDMP, etc.)? [ ]  Yes [ ]  No
2. Target date to submit sample file for testing: Click or tap here to enter text.
3. Target date to submit real files for production: Click or tap here to enter text.
4. Additional comments for onboarding team: Click or tap here to enter text.