Alberta Health Services

Computerized Provider Order Entry (CPOE) and Clinical Documentation Exception Request

Instructions: this form is NOT designed to be printed. Complete, save and submit by email.

Requested Exception		
Specific Scope		
☐ CPOE ☐ Clinical Documentation		
Why is best accepted practice endorsed by AHS not able to be applied? *(list reasons/barriers that prevent adoption of best accepted practice or attach supporting documentation to this request)*		
What is the time line to transition to best accepted practice?		
Who is the accountable leader for the exception request and transition time line?		
Requester's Information		
Name	Position	Supervisor
Best Method of Contact ☐ Email *(the requester's AHS email will be used)* ☐ Phone *(provide #)*_____		
Location	Date Submitted *(yyyy-Mon-dd)*	
Executive Endorsement		
Name	Position	
Best Method of Contact ☐ Email ☐ Phone *(provide #)*_____		
Date Endorsed *(yyyy-Mon-dd)*		
Forward endorsed request to Paulina Speed		