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**I.AM Connect**
**M2M Client Registration form**
**Version 2.0**

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**eHealth platform**

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# Document management

## Document history

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Author | Description of changes / remarks |
| 1.0 | 18/02/2020 | eHealth platform | Initial version |
| 1.1 | 07/07/2021 | eHealth platform | §3.1 Contact |
| 1.2 | 19/12/2023 | eHealth platform | Creation of a specific version of the template, intended for IAM Connect onboarding of partners that want to connect to the Flemish vault Vitalink. |
| 1.3 | 25/3/2024 | eHealth platform | A mentioning of the M2M document being only applicable to customers wanting to connect to the Flemish Vault Vitalink was added in point 2.1.The sections on UAM rules and use of UMOE were removed from point 5.1, since not applicable.  |
| 2.0 | 1/9/2024 | eHealth platform | Complete re-design of the form. Temporary version being created specifically for the NOV 2024 FHIR-a-thon (clients connecting to UHMEP), which will afterwards evolve towards a definitive generic IAM Connect onboarding form.  |

# Purpose

The purpose of this form is to request the configuration of a **M2M (“machine to machine”) I.AM Connect client** at eHealth.

**Please read the accompanying procedure available on the portal of the eHealth platform:**

[***https://www.ehealth.fgov.be/ehealthplatform/fr/service-uhmep-unaddressed-health-message-exchange-platform***](https://www.ehealth.fgov.be/ehealthplatform/fr/service-uhmep-unaddressed-health-message-exchange-platform)

[***https://www.ehealth.fgov.be/ehealthplatform/nl/service-uhmep-unaddressed-health-message-exchange-platform***](https://eur10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ehealth.fgov.be%2Fehealthplatform%2Fnl%2Fservice-uhmep-unaddressed-health-message-exchange-platform&data=05%7C02%7Cmarina.smets%40ehealth.fgov.be%7C06ad8048bba94924edae08dceea23c33%7C72f4d85093904f7f9a072deeccde524b%7C0%7C0%7C638647627783921122%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=7tLPLdKOyK9M6Z5KBg%2B5Wmac2bc7WoXugsQJEeD8RPA%3D&reserved=0)

# Required information for onboarding

|  |  |  |
| --- | --- | --- |
| **Information** ( fields with an \* are mandatory) | **Explanation and allowed values** | **Value (to be filled out)** |
| **General client information** |
| **Partner organization \*** | Please provide the full name of the partner organization that is requesting the I.AM onboarding. | **[your organization name]** |
| **Contact person \*** | Please provide the full name, email address and phone number of the person that may be contacted by eHealth regarding the onboarding request. | Name: **[your name]**Email address: **[email address]**Phone number: **[phone number]** |
| **Short description of the purpose of your application and of the requested client. \*** | Please describe briefly the purpose of your application. | **[description here]** |
| **Client ID \*** | The IAM client ID is the unique identifier of the IAM Connect client that is configured by eHealth for the partner. In case the partner organization already has an existing IAM Connect M2M client, the partner may choose to request that the existing client be re-used and adapted. (However, in some cases this may not be possible, and eHealth will have to configure a new client.) | [ ]  My organization has an existing I.AM Connect M2M client, and we want to re-use this existing client. The client ID to re-use is **[fill out the client ID here]**[ ]  My organization does not have an existing I.AM Connect M2M client, or it does, we do not wish to re-use it. Therefore we request a new client to be configured. |
| **Blinded Pseudonymization** |
| **Blinded Pseudonymization \*** | Please indicate here whether you want to use eHealth pseudonymization services. | [ ]  Yes, we would like to use the blinded pseudonymization service. |

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| --- |
| **Credentials eHealth certificate JWKS** |
| **Type \*** | Please specify the **type of identifier** on which your eHealth certificate is based. | [ ]  EHP number[ ]  CBE number[ ]  NIHII number |
| **Identifier \*** | Please provide the value of your identifier. | **[identifier]** |
| **Application ID** | If your eHealth certificate contains an application ID, please provide it here. | **[application ID (if available)]** |

Please carefully double-check the values you have entered above to avoid any errors as corrections become more difficult once your client ‘s configuration is complete.