

User Information Section (To be completed by the User)		Transition Coordinator / Contact:			
Please check one of the following:		<input type="checkbox"/> Create User	<input type="checkbox"/> Amend User	<input type="checkbox"/> Delete User (Return fob)	<input type="checkbox"/> Name Change
Title (E.g. Dr., Mr., Ms)	Last Name	Legal First Name		Middle Name	
Previous Surname (For Name Change Only)			Preferred First Name		
Date of Birth (for unique identification only)		Gender	Mother's Maiden Name		
Day Only	Month Only	<input type="checkbox"/> Female <input type="checkbox"/> Male			
Profession		Professional ID (Assigned by Professional Regulatory Body e.g. License #)			
Business Address		City / Province		Postal Code	
Business Phone ()	Fax ()	E-mail Address			
Secret Word - a word that has meaning to you (e.g. Clifford). Used for caller verification with the Help Desk. Omit for amendment / deletion.			Prompt - a statement used by the Help Desk to help you recall your Secret Word (e.g. Name of my dog). Omit for amendment / deletion.		
Is Remote Fob Access required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the user already have a remote access fob for another AHW application? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, note Serial Number on back of Token		Remote access from <input type="checkbox"/> PC <input type="checkbox"/> MAC <input type="checkbox"/> Both	

Access Authorizer Section (To be filled out ONLY by the Access Authorizer)	DPHI Facility ID/DPHI Site ID		Health Region	
	Facility Name		Site Type <input type="checkbox"/> Community <input type="checkbox"/> Health Region Facility	
Select only one of the following: <input type="checkbox"/> Add Facility <input type="checkbox"/> Delete Facility	Site Name (e.g. Admitting)		Comments	
<input type="checkbox"/> Change Facility	Old Facility (ID/Name):		New Facility (ID/Name):	

<input type="checkbox"/> Portal 2006 Access Information (Final permissions assigned to user)		<input type="checkbox"/> Amend User Role									
Permission Matrix User Role to assign this User (Check ONE only)	Admin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>					
	Clinical	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/> (CH Only)	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
	Pharmacy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>					

<input type="checkbox"/> System to System Access (Check only one PIN permission box)		<input type="checkbox"/> Amend S2S access		<input type="checkbox"/> Delete S2S access	
<input type="checkbox"/> View PD (required)	<input type="checkbox"/> PIN Look-up	<input type="checkbox"/> PIN Prescribe	<input type="checkbox"/> PIN Delegate for Physician _____		

<input type="checkbox"/> Person Directory (PD) Access Level (PD is a non-clinical application - Check only one permission box.)					
<input type="checkbox"/> View PD only	<input type="checkbox"/> View and Update PD	<input type="checkbox"/> View PD including Newborn	<input type="checkbox"/> View and Update PD including Newborn	<input type="checkbox"/> Amend PD access	<input type="checkbox"/> Delete PD access

<input type="checkbox"/> Pharmaceutical Information Network (PIN) Access Level (PIN is a clinical application - Check only one permission box)					
<input type="checkbox"/> PIN Look up	<input type="checkbox"/> PIN Prescribe			<input type="checkbox"/> Amend PIN access	
<input type="checkbox"/> PIN Dispense (Pharmacists Only - Required for adding allergies and intolerances)	<input type="checkbox"/> PIN Delegated to Record Prescriptions for Physician _____			<input type="checkbox"/> Delete PIN access	

<input type="checkbox"/> Pharmacy Batch Access (Retail Pharmacies Only)	<input type="checkbox"/> Add access to Pharmacy Batch	<input type="checkbox"/> Delete access to Pharmacy Batch
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<input type="checkbox"/> Delete Portal 2006 Access by:	Day	Month	Year	Fob Returned: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Authorizer Name - Please Print (For Health Regions Only)	Authorizer Signature (For Health Regions Only)
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I am an authorized Access Administrator for the facility and site specified and hereby authorize the creation, amendment or deletion of this User ID.						
First Name		Initial	Last Name			
Facility / Health Region		Business Phone		Day	Month	Year
Title			Signature / Initials			
Transition Coordinator's Signature / Date						

Completed User Registration Forms can be returned to your Transition Coordinator or faxed to the Alberta Netcare Deployment Team office at: (780) 641-1003 or RHA at _____