

## EMR New User Access Request Form

**Please submit completed forms to [emrsupport@gov.pe.ca](mailto:emrsupport@gov.pe.ca)**

This form is to ensure that proper notification is given to the System Administrator regarding an end user's employment status for the purpose of account security and administration. This process will ensure that the end user's EMR access requirements are handled appropriately within a reasonable amount of time while providing a more secure system. Please submit the form in advance to avoid any delays with the on-boarding process. It could take 4-7 business days to receive EMR access and up to another 3 weeks to receive any required EMR training. This form must be filled out for all new users

**Please select the environment\*:**    Training (Sandbox)

Production

<b>USER INFORMATION: (* Fields Are Mandatory)</b>		<b>PLEASE PRINT</b>	
First Name*		Middle Name	
Last Name*			
Email *			
Phone *		Fax	
Primary Clinic* <sup>i</sup>	(Please Print full name of the clinic and location)		
All other clinics that you work. <sup>ii</sup>	(If you have a planned clinic rotation plan, please include here with start and end dates)		
Has the user received the provincial EMR (CHR) training? If so, from whom (e.g., TELUS, EMR Advisor, Colleague)?		YES	NO
Note: Once you have received EMR Access, it could take several weeks to be scheduled for any required EMR training.			

<b>Physicians, Locums and Nurse Practitioners only (All Fields Are Mandatory)</b>			
Billing #		College License #	
Would you like to receive electronic DI/CIS/Lab results: (Please submit the CIS access form separately)		YES	NO

EMR account start date (MM/DD/YYYY)		
Is this a temporary user (Locum, Casual or Resident)?		<p style="text-align: center;">YES                  NO</p> <p>If YES, please provide an expiry date:</p> <p>(Clinical Leads are responsible to notify the EMR program to disable an existing user with the EMR User change request form)</p>
EMR Role (Please see page 3)	Physician Locum Nurse Practitioner RN (Registered Nurse) LPN (Licensed Practical Nurse) AH (Allied Health) Clinic Lead	MOA (Medical Office Assistant) MOA1 Med Student (CC1-CC2) Med Student (CC3-CC4) Resident Nurse Practitioner Student EMR Advisor
<p>Please select all applicable if you need an additional access: <sup>iii</sup></p> <p style="text-align: center;"> <input type="checkbox"/> Patient Chart Access (Encounters)              <input type="checkbox"/> Appointments              <input type="checkbox"/> Billing              <input type="checkbox"/> Referrals       </p> <p>Please justify your additional access request</p>		

CLINIC LEAD APPROVAL	
This request must be signed by an authorized approver <sup>iv</sup>	
Authorized by (print name)	Signature
Request Date	Phone Number
	E-mail

	Patients	Appointments	Encounters	Billing	Referrals	Inbox	Prescription
<b>Physician</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Nurse Practitioner</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>RN (Registered Nurse)</b>	Yes	Yes	Yes	No	Yes	Yes	No
<b>LPN (Licensed Practical Nurse)</b>	Yes	Yes	Yes	No	Yes	Yes	No
<b>AH (Allied Health)</b>	Yes	Yes	Yes	No	Limited	Yes	No
<b>Clinic Lead</b>	Yes	Yes	Yes	Yes	No	Yes	No
<b>Locum</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>MOA</b>	Yes	Yes	Limited	No	No	Yes	No
<b>MOA1</b>	Yes	Yes	Limited	Yes	Yes	Yes	No
<b>Med Student (CC1-CC2)</b>	Limited	Limited	Yes	No	No	Yes	No
<b>Med Student (CC3-CC4)</b>	Limited	Yes	Yes	No	No	Yes	Yes
<b>Nurse Practitioner Student</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Resident</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>EMR Advisor</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes

**Notes:**

<sup>i</sup> Please print full CHR clinic name

<sup>ii</sup> Additional resource sets will be assigned to your profile to avoid overriding the patient charts

<sup>iii</sup> Please refer EMR Role details before requesting an additional access

<sup>iv</sup> Authorized Approvers:

1) HPEI Operated Clinics and HPEI Employees

- Family Physicians, NPs, RNs, Nurses, and clinic staff (including private staff)
  - Primary Care Network Manager
  - Physician (PCN Copied to the email)
  - PCN Clinical Leads
- Specialists: Medical Affairs

2) Non-HPEI Clinics - EMR Program Participation Agreement Signee

3) Residents, NP Students, Medical Students, Locums - Provider that they will be working for/with who is an existing EMR User OR Locum Coordinator OR PCN Manager