## FORM COMPLETION INFORMATION

Please use this form to delegate, revoke, suspend or reinstate a Local Registration Authority (“**LRA**”) for the system noted above.

1. An electronic form must be completed to delegate, revoke, suspend, or reinstate LRA authority.
2. Mandatory fields are marked with a red asterisk (\*). Indicate “NA”, if a field is not applicable.
3. The Registration Authority (CIO or equivalent) (“**RA**”) must email the completed form to ISAAC@ontariohealth.ca.
4. If you have any questions regarding the completion of this form please contact ISAAC@ontariohealth.ca.

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| 1 – RA DETAILS \* |
| Legal First Name\* |       | Business Email\* |       |
| Middle Initial(s) |       | Business Phone\* |       | Ext. |       |
| Legal Last Name\* |       | Title\* *(Your role at the facility)* |       |
| Date of Request\*  | DD: |       | MM: |       | YYYY: |       |
| **2 - SITE DETAILS**\* **Note:** For many facilities, the Facility Name and Site Name are the same. For acurate facility and site names, please refer to <http://www.health.gov.on.ca/en/common/ministry/publications/reports/master_numsys/master_numsys.aspx> |
| Facility Name\*  |       |
| Site Name\* |       |

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| ***I authorize this request for the LRA(s) specified below.*** |  | **Note:** Emailing this form from an authorized RA’s email account constitutes approval of this request. |

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| **3** | **LRA DETAILS** |
|  | **LRA #1** \*  |
| **Access to ISAAC Plaform**\***: *[ ] Cancer [ ] Orthopedic [ ] Both – Cancer & Orthopedic*** |
| Legal First Name\* |       | Business Email\* |       |
| Middle Initial(s) |       | Business Phone\* |       | Ext. |       |
| Legal Last Name\* |       |
| Facility Name\*  |       |
| Site Name (\* if different from Facility Name) |       |
|  | [ ]  **New LRA Registration** (i.e. appoint this individual as an LRA) |
|  | [ ]  **Suspend Authority for this LRA** (i.e. temporarily remove this LRA’s authority to collect, verify and submit registration requests for users.) |
|  | [ ]  **Reinstate Authority for this LRA** (i.e. this individual previously had his or her LRA authority suspended; by checking this box, the individual will be reinstated as an LRA.)  |
|  | [ ]  **Revoke Authority for this LRA** (i.e. permanently remove this LRA’s authority to collect, verify and submit registration requests for users.) |
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|  | **LRA #2** |
| **Access to ISAAC Plaform: *[ ] Cancer [ ] Orthopedic [ ] Both – Cancer & Orthopedic*** |
| Legal First Name\* |       | Business Email\* |       |
| Middle Initial(s) |       | Business Phone\* |       | Ext. |       |
| Legal Last Name\* |       |
| Facility Name\*  |       |
| Site Name (\* if different from Facility Name) |       |
|  | [ ]  **New LRA Registration** (i.e. appoint this individual as an LRA) |
|  | [ ]  **Suspend Authority for this LRA** (i.e. temporarily remove this LRA’s authority to collect, verify and submit registration requests for users.) |
|  | [ ]  **Reinstate Authority for this LRA** (i.e. this individual previously had his or her LRA authority suspended; by checking this box, the individual will be reinstated as an LRA.)  |
|  | [ ]  **Revoke Authority for this LRA** (i.e. permanently remove this LRA’s authority to collect, verify and submit registration requests for users.) |
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|  | **LRA #3**   |
| **Access to ISAAC Plaform: *[ ] Cancer [ ] Orthopedic [ ] Both – Cancer & Orthopedic*** |
| Legal First Name\* |       | Business Email\* |       |
| Middle Initial(s) |       | Business Phone\* |       | Ext. |       |
| Legal Last Name\* |       |
| Facility Name\*  |       |
| Site Name (\* if different from Facility Name) |       |
|  | [ ]  **New LRA Registration** (i.e. appoint this individual as an LRA) |
|  | [ ]  **Suspend Authority for this LRA** (i.e. temporarily remove this LRA’s authority to collect, verify and submit registration requests for users.) |
|  | [ ]  **Reinstate Authority for this LRA** (i.e. this individual previously had his or her LRA authority suspended; by checking this box, the individual will be reinstated as an LRA.)  |
|  | [ ]  **Revoke Authority for this LRA** (i.e. permanently remove this LRA’s authority to collect, verify and submit registration requests for users.) |

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|  | **Important**  | It is not recommended that LRAs also be users of the system. If an LRA must have a user account, then a ***User Form*** must also be submitted. |