## 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](mailto:isaac@ontariohealth.ca).
4. If you have any questions regarding the completion of this form please contact [ISAAC@ontariohealth.ca](mailto:ISAAC@ontariohealth.ca).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.) | | | | | | |
|  | | | | | | | |
|  | **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.) | | | | | | |
|  | | | | | | | |
|  | **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. |