## FORM COMPLETION INSTRUCTIONS

Please use this form to add, change , transfer or revoke the Hospital Registration Authority for the system noted above.

1. An electronic form must be completed to add, change,transfer or revoke Hospital Registration Authority.
2. Mandatory fields are marked with a red asterisk (\*). Indicate “NA”, if a field is not applicable.
3. The Hospital Registration Authority (CIO or equivalent) 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).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| part 1 – Registration authority 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: |  | | | | | |
| **PART 2 - SITE DETAILS**\*  **Note:** For many facilities, the Facility Name and Site Name are the same. For accurate 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\* | | | | | | |  | | | | |

|  |  |  |
| --- | --- | --- |
| ***I authorize this request for the Registration Authority specified below.*** |  | **Note:** - ***Emailing this form from an authorized Registration Authority email account constitutes approval of this request.***  ***- It is not recommended that Registration Authority also be users of the system. If an RA must have a user account, then a User Form must also be submitted*** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PART 3** | **NEW REGISTRATION AUTHORITY DETAILS** | | | | | | |
|  | **REGISTRATION AUTHORITY DETAILS** | | | | | | |
| Legal First Name\* |  | | Business Email\* |  | | |
| Middle Initial(s) |  | | Business Phone\* |  | Ext. |  |
| Legal Last Name\* | Title\* (Your role at the facility) | | | | | |
| Facility Name\* | |  | | | | |
| Site Name (\* if different from Facility Name) | |  | | | | |
|  |  **New RA Registration** (i.e.The individual stated in Part-3 , has authorization to approve registration requests, in accordance with the ISAAC License agreement ) | | | | | | |
|  |  **Authorization to approve as RA** (i.e. The individual stated in Part 3 , has authorization to approve registration requests , in accordance with the ISAAC licence agreement , on my behalf) | | | | | | |
|  |  **Transfer of Authority for RA** (i.e. Please transfer the Registration Authority role and responsibilities ,to the new incumbent as listed in Part 3.) | | | | | | |
|  |  **Revoke Authority for RA** (i.e. Please remove the Registration Authority from the individual listed in Part-3 .) | | | | | | |