## FORM COMPLETION INFORMATION

Please use this form to register, update particulars on, revoke, suspend or reinstate an individual user for the system noted above.

1. A form must be completed for each request.
2. Complete Sections 1, 2, 3 for all requests. Note in Section 1 whether individual is a new user for the system.
3. Complete Sections A. B. or C. depending on the request type.
4. Indicate “NA”, if a field is not applicable. Mandatory fields are marked with a red asterisk (\*).
5. The Local Registration Authority (“**LRA**”) must email the completed form to [ISAAC@ontariohealth.ca](mailto:ISAAC@ontariohealth.ca)
6. If you have any questions regarding the completion of this form please contact [ISAAC@ontariohealth.ca](mailto:ISAAC@ontariohealth.ca)

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| 1 - Individual user details \* | | | | | | | | | | | | | | | | | | | | | | | |
| Check this box if individual is a new user | | | | | | | | | | | | | | | | | | | | | | | |
| **Program\* (Oncology / Orthopedic)** | Choose an item. | | | | | | | | | | | | | | **Enviornment\* (Production /UAT)** | | **Production**  **UAT - Test** | | | | | | |
| Legal First Name\* |  | | | | | | | | | | | | | | Business Email\* | |  | | | | | | |
| Middle Initial(s) |  | | | | | | | | | | | | | | Business Phone\* | |  | | | | Ext. | |  |
| Legal Last Name\* |  | | | | | | | | | | | | | | Title\* | |  | | | | | | |
| Date of Request\* | DD: |  | | | MM: | |  | | | YYYY: | |  | | |  | | | | | | | | |
| **USER PROFILE** \* | | | | | | | | | | | | | | | | | | | | | | | |
| **PATIENT\_ENROLLMENT**   * Enroll/search patients * Add patient survey responses manually and via upload * Reset patient password | | | **NOTIFICATION\_ADMIN**   * View and close notifications | | | | | | | | | | **REPORTS\_USER**   * View/export reports | | | | | **OR** | **SITE\_ADMIN**   * Includes all Patient Enrollment, Notifications, and Reports Admin roles * Access to site and kiosk configuration settings * Access to notifications configuration settings | | | | |
| Site Notes: | | | | | | | | | | | | | | | | | | | | | | | |
| **USER PROFILE** **- Special Role** | | | | | | | | | | | | | | | | | | | | | | | |
| **UMA Administrator (SITE\_USER\_ADMIN)**   * This role provides, maintains and manages ISAAC user accounts for the site. * It is recommended that two UMAs be designated per site so that there is always a back-up person available. | | | | | | | | | | | | | | | | | | | | | | | |
| **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 (if different from Facility Name) | | | | | | | | | | | | | |  | | | | | | | | | |
| Site Master Number | | | | | | | | | | | | | |  | | | | | | | | | |
| 3 - LRA DETAILS \* | | | | | | | | | | | | | | | | | | | | | | | |
| Legal First Name\* | | | |  | | | | | | | | | | Business Email\* | |  | | | | | | | |
| Middle Initial (s) | | | |  | | | | | | | | | | Business Phone\* | |  | | | | Ext. | |  | |
| Legal Last Name\* | | | |  | | | | | | | | | | | | | | | | | | | |
| Date of Request\* | | | | DD: | |  | | MM: |  | | YYYY: | | |  | | | | | | | | | | |

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|  | **NEW USER REGISTRATION** |
|  | **User Identification Verification\*** |
| The following pieces of identification were provided to verify user’s identiy:  **Primary ID:** Choose an item.  **Secondary ID:** Choose an item. |

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|  | **REGISTERED USER UPDATE** | | | | | |
|  | **Changes to Individual User Details (if different from above)** | | | | | |
|  | Legal First Name |  | Business Email |  | | |
| Middle Initial(s) |  | Business Phone |  | Ext. |  |
| Legal Last Name |  | | | | |
|  | **Site Details (if different from above)** | | | | | |
| Facility Name\* |  | | | | |
| Site Name (if different from Facility Name) |  | | | | |
| **If Profile Information has changed** | | | | | |
| New profile information is selected above. | | | | | |

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|  | **REGISTERED USER SUSPENSION, REINSTATEMENT OR REMOVAL** | | |
|  | **Suspend User’s Access**  (i.e. temporarily remove this user’s authority to access the system) | **Reinstate User’s Access**  (i.e. this user was previously suspended; reinstate this user’s authority to access the system) | **Revoke User’s Access**  (i.e. permanently remove this user’s authority to access the system) |

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| As LRA for this Site, I authorize this request for the individual specified above. | ⏵ | **Note:** Emailing this form from the LRA’s email address constitutes approval of this request. |