## 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
6. If you have any questions regarding the completion of this form please contact 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.
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| **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. |