

# PROVINCIAL EMR CHANGE USER REQUEST FORM

Please submit completed forms to [emrsupport@gov.pe.ca](mailto:emrsupport@gov.pe.ca)

Please allow 5-7 business days for changes to be applied.

## USER INFORMATION

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

## CHANGE REQUEST

Effective Date (yyyy/mm/dd): \_\_\_\_\_

Disable EMR Access:  Yes  No

## CLINICS TO BE ADDED/REMOVED

CLINIC NAME	ADD	REMOVE

## ADDITIONAL REQUESTS

## EMR SIGNING AUTHORITY APPROVAL\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*For Health PEI sites: Approval can be provided by Network Managers or Clinical Leads

\*For Non-Health PEI Sites: Approval is listed in the Participation Agreement