

PROVINCIAL EMR MHA NEW USER ACCESS REQUEST FORM

Please submit completed forms to emrsupport@gov.pe.ca

This form must be completed for all new users of the EMR system.

Please allow 5-7 business days for EMR access to be set up and training scheduled.

USER INFORMATION

EMR Start Date (yyyy/mm/dd): _____

End Date (for temporary users): _____

Name: _____

Phone Number: _____

Email Address: _____

Occupation: _____

PROVIDER ADDITIONAL INFORMATION

Billing Number: _____

License Number: _____

Requires own appointment schedule: Yes No

CLINIC INFORMATION

Primary Site: _____

Additional Sites: _____

EMR ROLE

MHA Admin Read-Only	MHA/AHP Unlicensed
MHA Clinical Read-Only	MHA MOA
MHA Physician/NP - FFS	MHA Youth Worker - Insite
MHA Physician/NP - Contract/Salaried	MHA Youth Worker - Strength
MHA Supervisor	MHA Youth Worker - SWT
MHA RN/LPN	MHA Student
MHA/AHP Licensed	SSW 13 - Transitional Housing

Additional Comments

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