PROVINCIAL EMR 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

☐	Allied Health	☐	Midwife
☐	Billing Clerk	☐	Nurse Practitioner
☐	Clinic Lead/ Supervisor	☐	Nurse Practitioner Student
☐	Clinical Pharmacist	☐	Physician - FFS
☐	Licensed Practical Nurse (LPN)	☐	Physician - Contract / Salaried
☐	Locum	☐	Registered Nurse (RN)
☐	Medical Office Assistant	☐	Resident
☐	Medical Student (CC3-CC4)	☐	Other:

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