**ICORE ACCESS**

**Request FORM**

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| **License Request** | | | |
| **First Name**: | **Middle Initial**: | | **Last Name:** |
| **Start Date:** | | **Location:** | |
| **Physician/Nurse Practitioner**  **New Position: Yes No**  **If No, Clinician being replaced:**  **Billing Number**:  **Individual Performing Billing:**  **Location of Biller (if different from above):** | | **Other Clinician (RN, Dietitian, SW, etc.)**  **New Position: Yes No**  **If No, Clinician being replaced:** | |
| **Admin Support (Med Sec., etc.)**  **Location (if different from above):**  **New Admin Position: Yes No**  **If No, Admin being replaced:** | |
| **Locum: Yes No**  **Start Date: End Date:** | | **If Changed, Former Location:** | |
| **ICORE Product: Billing Only** | | **ICORE Suite (Billing, Scheduling & Patient Chart)** | |
| **Hardware / Software Requirements:** | | | |
| **Health Facility and/or Health Centre** | **Requires:**  **New Computer (Workstation/ Monitor)**  **ICORE Install on Existing Machine**  **ICORE Already installed - need to Link to Physician/Nurse Practitioner/Clinician** | | |
| **Private Facility** | **Hardware provided by Facility: Yes No**  **Requires Software Install: Yes No**  **VPN Access Required: Yes No** | | |
| **Please Email request form to: IcoreAdmin at** [**icoreadmin@ihis.org**](mailto:icoreadmin@ihis.org)  **Note: Any request that incurs a cost will be forwarded to authorities at Health PEI for approval.** | | | |

Requests for **Health Centre staff licenses** go to Donna MacAusland at [ddmacausland@ihis.org](mailto:ddmacausland@ihis.org)

Requests for **Locum and Specialist Physician licenses** go to Nadine MacLean at [nmmaclean@gov.pe.ca](mailto:nmmaclean@gov.pe.ca)