



This form is used to request updates or changes to staff accounts in PointClickCare within Health PEI Long-Term Care (LTC) facilities. Managers or authorized requestors should complete all relevant sections to ensure accurate user access, location, and role setup.

First Name		Facility	
Last name		Department	
Employee ID (if applicable)		Manager / Supervisor	
Work Email		Phone	

Type of Change (Select all that apply)

- | | |
|---|---|
| ☐ Name Change | ☐ Role / Access Level Change (e.g., Nurse → Manager) |
| ☐ Position / Job Title Change | ☐ Reactivation of Account (Return from Leave / Rehire) |
| ☐ Work Location / Facility Change | ☐ Deactivation (Resignation / Termination / Long-Term Leave) |
| ☐ Department | ☐ Change in Work Email or Login ID |
| ☐ Status Change (Active / Inactive / Leave / Terminated) | ☐ Agency or Contract Staff Access (Temporary) |
| ☐ Temporary Assignment (Cross-site or Unit Coverage) | |

Details of Change

Previous Information:	
New Information:	
Effective Date of Change (MM/DD/YYYY):	
Additional Notes / Comments:	

Employment and Access Status

- | | | |
|---|--|---|
| ☐ Permanent Staff | ☐ Temporary / Term Staff | |
| ☐ On Leave (specify type): <input type="text"/> | ☐ Returning from Leave (Date): <input type="text"/> | |
| ☐ Terminated / Resigned (Date): <input type="text"/> | | |
| ☐ Cross-Facility Access Required (Select) | | |
| ☐ Beach Grove Home | ☐ Colville Manor | ☐ Maplewood Manor |
| ☐ Margaret Stewart Ellis | ☐ Prince Edward Home | ☐ Stewart Memorial |
| ☐ Summerset Manor | ☐ Riverview Manor | ☐ Wedgewood Manor |

Approvals

Submitted By (Name & Title):	
Date Submitted:	
Manager Approval (Signature / Date):	

Please submit the completed form to the LTCSolution Office (LTCSolutionOffice@ihis.org) Ensure all necessary approvals are included before submission.