



Travel Staff Form

The following information is to be completed in full prior to Starting work term in Long Term Care

First Name		Facility	
Last Name		Start Date	
Middle Initial		End Date	
Position		Phone	
What is their role:(RN, LPN, OT, PT etc)			
Has the individual had a previous Health PEI ITSS account? Yes/No			
If "Yes," Do they know their username? If "Yes" please provide			
Has their last name changed since their original access was granted? Please provide a previous name if applicable			
The date (MM/YY) they were last active in the Health PEI system.			
Has the individual worked with PointClickCare previously?			
What is the date of arrival for work assignment in the facility?			
Are there any specific adaptations required? (Vision/hearing impaired)			

NOTE: This form must be completed in full and submitted to the LTC Facility where assignment is to occur.

There must also be a "New User ITSS form" completed in full and submitted to the Service Center 6 weeks in advance of the assignment

This will prevent any loss of clinical time as travel staff must have access to the PointClickCare system to work in the facility.

Completed by:

Phone and Email address

Date