

[Clear Form](#)

Provincial EMR Change User Access Request Form

Health PEI

[Print Form](#)

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

This form is to ensure that proper notification is given to the System Administrator regarding an end user's employment status for the purpose of account security and administration. It could take 1-3 business days to update EMR access. This form must be filled out for all user change requests.

USER INFORMATION: (* Fields Are Mandatory)		PLEASE PRINT	
First Name*		Middle Name	
Last Name*			
Email*			
Phone			

Change Requested		
Effective Date (MM/DD/YY)		
Disable EMR Access	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Appointment/Schedules/Qnaire Forward <input type="checkbox"/> Cancel <input type="checkbox"/>	
	Please name the provider to forward:	
Sites	(Please Print full name of the clinic and location)	
All other clinics that you work		
EMR Role	Administrator AH(Allied Health) Billing Clerk Clinic Lead/Supervisor Clinic Pharmacist EMR Advisor Locum LPN(Licensed Practical Nurse)	Med Student(CC3-CC4) Midwives MOA(Medical Office Assistant) Nurse Practitioner Nurse Practitioner Student Physician Resident RN(Registered Nurse)

Please select all applicable if you need an additional access:

Patient Chart Access (Encounters)

Appointments

Billing

Referrals

Please justify your additional access request:

DI/CIS/Lab results (Providers only)	<input type="checkbox"/> Enable	<input type="checkbox"/> Disable
Other (Please provide more details)		

Enable

Disable

CLINIC LEAD APPROVAL

This request must be signed by an authorized approver

Authorized by (print name)

Signature

Request Date

Phone Number

E-mail

Form Updated on: June 14,2024