

Mental Health and Addictions
Provincial EMR New User Access Request Form

Health PEI

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.

Production (access to live patient information)

Training Only

USER INFORMATION: (* Fields Are Mandatory)

Position Start Date
(YYYY/MM/DD)*

Is this a temporary user (Locum/Casual/ Resident) YES NO

If YES, please provide an end date, specific time for access:

First Name*

Middle Name*

Last Name*

Primary Specialty* Mandatory for all providers:

Email *

Position: Please state official title *example: Social Service worker 13*

Phone *

Physicians, Locums, Nurse Practitioners, Resident, and Pharmacist only (All Fields Are Mandatory)

Billing #

College License #

Would you like to receive electronic DI/CIS/Lab results: YES NO
(Please submit the CIS access form separately)

Site(s) Information Select all locations where you work

Students (including Residents) only Section: Please enter the Start/End dates of your rotations. Please include all clinic locations where you will be working and who you will be working under.

Has the user received the Provincial EMR (CHR) training? YES NO

If yes, from whom (e.g., TELUS, EMR Advisor, Super User)?

EMR Role

Please see:
Choosing
the
appropriate
roles below

Comments or other user role needs:

CLINIC LEAD APPROVAL

This request must be signed by an authorized approver:
(Physicians/NP, Medical Affairs, Non-HPEI Clinics, Residents, NP Students, Medical Students, that they will be working for/with,who is an existing EMR User OR Locum Coordinator OR Supervisor/Manager. (Supervisors/Managers are responsible to notify the EMR program to disable an existing user with the EMR Change user request form

Authorized by (print/type name)	Signature
Request Date	Phone
	E-mail