

[Clear Form](#)[Print Form](#)**Provincial EMR New User Access Request Form**

Please submit completed forms to [emrsupport@gov.pe.ca](mailto: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)**

EMR 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 \*

Cell Phone

Fax

**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

☐**Site(s) Information**

Sites

All other clinics that you work (If you have a planned clinic rotation plan, please include here with start and end dates, or click in the dropdown boxes, please specify the physician you are working for and write in below.)

Has the user received the provincial EMR (CHR) training?  
If so, from whom (e.g., TELUS, EMR Advisor, Colleague)?

☐

YES

☐

NO

<b>EMR Role</b>	Administrator AH(Allied Health) Billing Clerk Clinic Lead/Supervisor Clinical Pharmacist EMR Advisor Locum LPN(Licensed Practical Nurse)	Medical Office Assistant(MOA) Med Student(CC3-CC4) Midwives Nurse Practitioner Nurse Practitioner Student Physician Resident RN(Registered Nurse)
Comments or other user role needs (e.g., MOA1 may need encounter access):		
<b>CLINIC LEAD APPROVAL</b>		
<b>This request must be signed by an authorized approver:</b> (Family Physicians/NP, Primary Care Network Manager, PCN Clinical Leads, Medical Affairs, Non-HPEI Clinics, Residents, NP Students, Medical Students, Locums – Provider that they will be working for/with who is an existing EMR User OR Locum Coordinator OR PCN Manager <u>(Clinical Leads are responsible to notify the EMR program to disable an existing user with the EMR User change request form)</u>		
Authorized by (print/type name)	Signature	
Request Date		
	Phone Number	
	E-mail	
<b>Form Updated: June 14, 2024</b> For information on the Virtual Training Schedule, please visit the link below <a href="https://src.healthpei.ca/sites/src.healthpei.ca/files/e-Health/Virtual_Training_Model_and_Schedule_Provincial_EMR.pdf">https://src.healthpei.ca/sites/src.healthpei.ca/files/e-Health/Virtual_Training_Model_and_Schedule_Provincial_EMR.pdf</a>		