

Clear Form

Provincial EMR New User Access Request Form

Print Form

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) If YES, please provide an end date, specific time for access: YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/> (Please submit the CIS access form separately)	

Site(s) Information

Primary Clinic*

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? YES NO
If so, from whom (e.g., TELUS, EMR Advisor, Colleague)?

EMR Role Please see permissions below	Physician Locum Nurse Practitioner Med Student (CC1-C2) Med Student (CC3-CC4) Resident Nurse Practitioner Student Clinical Pharmacist	AH (Allied Health) RN (Registered Nurse) LPN (Licensed Practical Nurse) Medical Office Assistant (MOA) Clinic Lead/Supervisor EMR Advisor Administrator *Training only Billing Clerk
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Comments or other user role needs (EG: MOA1 may need encounter access):

CLINIC LEAD APPROVAL

This request must be signed by an authorized approver:
(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 (Clinical Leads are responsible to notify the EMR program to disable an existing user with the EMR User change request form)

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

	Patients	Appointments	Encounters	Billing	Referrals	Inbox	Prescription
Physician	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Locum	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nurse Practitioner	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Resident	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Med Student (CC1-CC2)	Yes	Yes	Yes	No	Yes	Yes	Yes
Med Student (CC3-CC4)	Yes	Yes	Yes	No	Yes	Yes	Yes
Nurse Practitioner Student	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Clinical Pharmacist	Yes	Yes	Yes	No	No	Yes	Yes
AH (Allied Health)	Yes	Yes	Yes	No	Yes	Yes	No
RN (Registered Nurse)	Yes	Yes	Yes	No	Yes	Yes	No
LPN (Licensed Practical Nurse)	Yes	Yes	Yes	No	Yes	Yes	No
Clinic Lead/Supervisor	Yes	Yes	Yes	Yes	Yes	Yes	No
MOA (Medical Office Assistant)	Yes	Yes	Limited	Yes	Yes	Yes	No
Billing Clerk	No	No	No	Yes	No	No	No
EMR Advisor	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Administrator * Training site only	Train	Train	Train	Train	Train	Train	Train

Form Updated on: August 30, 2023