**ICORE ACCESS**

**Request FORM**

|  |
| --- |
| **License Request**  |
| **First Name**:  | **Middle Initial**:  | **Last Name:**   |
| **Start Date:** | **Location:** |
| **Physician/Nurse Practitioner** **New Position: Yes No** **If No, Clinician being replaced:****Billing Number**:**Individual Performing Billing:****Location of Biller (if different from above):** | **Other Clinician (RN, Dietitian, SW, etc.)****New Position: Yes No** **If No, Clinician being replaced:** |
| **Admin Support (Med Sec., etc.)** **Location (if different from above):****New Admin Position: Yes No** **If No, Admin being replaced:** |
| **Locum: Yes No** **Start Date: End Date:**  | **If Changed, Former Location:** |
| **ICORE Product: Billing Only**  | **ICORE Suite (Billing, Scheduling & Patient Chart)**  |
| **Hardware / Software Requirements:** |
| **Health Facility and/or Health Centre**  | **Requires:** **New Computer (Workstation/ Monitor)** **ICORE Install on Existing Machine** **ICORE Already installed - need to Link to Physician/Nurse Practitioner/Clinician**  |
| **Private Facility**  | **Hardware provided by Facility: Yes No** **Requires Software Install: Yes No** **VPN Access Required: Yes No**  |
| **Please Email request form to: IcoreAdmin at** **icoreadmin@ihis.org****Note: Any request that incurs a cost will be forwarded to authorities at Health PEI for approval.** |

Requests for **Health Centre staff licenses** go to Donna MacAusland at ddmacausland@ihis.org

Requests for **Locum and Specialist Physician licenses** go to Nadine MacLean at nmmaclean@gov.pe.ca