

Clear Form

**Provincial EMR Change User Access Request Form**

Print Form

Please submit completed forms to [emrsupport@gov.pe.ca](mailto: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:	
Primary Clinic	(Please Print full name of the clinic and location)	
All other clinics that you work		
EMR Role	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

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)

Enable

Disable

Other (Please provide more details)

### CLINIC LEAD APPROVAL

This request must be signed by an authorized approver

Authorized by (print name)

Signature

Request Date

Phone Number

E-mail

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*Form Updated on: August 30, 2023*

Modules	1	2	3	4	5	6	7	8	9	10
Physician	M	M	M	-	-	-	M	M	M	IF NEEDED BASIS
Locum	M	M	M	-	-	-	M	M	M	IF NEEDED BASIS
Nurse Practitioner	M	M	M	-	-	-	M	M	M	IF NEEDED BASIS
Resident	M	M	M	-	-	-	M	M	M	IF NEEDED BASIS
Med Student (CC1-CC2)	M	M	M	-	-	-	M	M	M	IF NEEDED BASIS
Med Student (CC3-CC4)	M	M	M	-	-	-	M	M	M	IF NEEDED BASIS
Nurse Practitioner Student	M	M	M	-	-	-	M	M	M	IF NEEDED BASIS
Clinical Pharmacist	M	M	M	HR	HR	HR	HR	HR	HR	-
AH (Allied Health)	M	M	M	HR	HR	HR	HR	HR	HR	-
RN (Registered Nurse)	M	M	M	HR	HR	HR	HR	HR	HR	-
LPN (Licensed Practical Nurse)	M	M	M	HR	HR	HR	HR	HR	HR	-
Clinic Lead/Supervisor	M	M	M	HR	HR	HR	HR	HR	HR	IF NEEDED BASIS
MOA1	M	M	M	M	M	-	-	M	M	HR
Billing Clerk (EXTERNAL)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M
EMR Advisor	M	M	M	M	M	M	M	M	M	M
Administrator * Training site only	-	-	-	-	-	-	-	-	-	-

**HR = Highly Recommended**

**M = Mandatory**

Module 1 - Navigating the CHR

Module 2 – Customizing CHR Dashboards and Summary Views Maximize User Efficiency

Module 3 – Inbox Management

Module 4 – Information and Document Management and Scanning

Module 5 – Updating Patient Demographics Advanced

Module 6 – Scheduling Appointments

Module 7 – Encounters

Module 8 – Sending Referrals Module 9 –Triaging Referrals

Module 10- Billing (as needed). Providers (and possibly MOAs, depending on clinic needs) will require this training