**CritiCall Ontario DelegateRegistration Authority (DRA) Form**

**For CritiCall Ontario Applications and Services - PHRS, CORD & CORD BI, SFTP (Excludes CCIS)**

The CritiCall Ontario Registration Authority (hospital CEO) is responsible for governing user access for their entire organization for CritiCall Ontario applications and services, including the appointment of Local Registration Authorities (LRA’s) who issue, revoke, and revise any user login credentials and access permissions.

This form is to be used by the hospital CEO to appoint/revoke Delegate Registration Authorities (DRA’s) who will assume the hospital's Registration Authority (RA) responsibilities on their behalf. DRA’s will have the authority to appoint/revoke CritiCall Ontario LRA's.

For more information about the CritiCall Ontario LRA role, [click here](https://rise.articulate.com/share/HJ46nJnZbiL-H3HDYWy2t2_mYIu5xcrj) to access an interactive education module.

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| **Instructions**  |
| **Form Completion**: * Primary Registration Authority authorization section must be completed in full. This section is filled out with the hospital corporation CEO’s information.
* Delegate Registration Authority Information sections are required in full for each Delegate Registration Authority being requested.

**Form Submission:*** **The completed form must be submitted from the Registration Authority’s (CEO) hospital email address to** Helpdesk@criticall.org**.**
* New Delegate Registration Authorities will receive a confirmation e-mail from CritiCall Ontario’s Help Desk.

***\*Note: Hospital corporations cannot have more than two Delegate Registration Authorities at one time. The DRA's role can only be held by employees with hospital signing authority in a director role or above.*** *To find out who the current Delegate RAs and LRAs for your hospital are, please contact* *Helpdesk@criticall.org**.* |

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| **Primary Registration Authority Authorization (Hospital CEO)** |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| Authorization Date (yyyy-mm-dd)  |

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| **Delegate Registration Authority (DRA) 1** |
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| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| [ ]  **Appoint** | [ ]  **Suspend** | [ ]  **Revoke** |

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| **Delegate Registration Authority (DRA) 2** |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| [ ]  **Appoint** | [ ]  **Suspend** | [ ]  **Revoke** |