**CritiCall OntarioLocal Registration Authority Registration (LRA) Form**

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

The CritiCall Ontario Local Registration Authority is responsible for governing user access for CritiCall Ontario applications and services. The [Master Participation Agreement (MPA)](https://www.criticall.org/getattachment/About-CritiCall-Ontario/Privacy/CritiCall-Ontario-MPA-Effective-June-3-2019.pdf.aspx?lang=en-US) effective June 3, 2019, requires that an organization have at least one Local Registration Authority (LRA) appointed at all times. For more information about the CritiCall Ontario LRA role, [click here](https://rise.articulate.com/share/ROjF__8L8xAxiZEypUljxpKSfbDbuRd-#/) to access an interactive education module.

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| **Instructions**  |
| **Form Completion**: * Registration Authority Authorization section must be completed in full.
* LRA Information sections are required in full for each account being requested.

**Form Submission:*** **The completed form must be submitted from the Registration Authority’s (CEO) hospital email address to** Helpdesk@criticall.org**.**
* New LRAs will receive instructions directly from the CritiCall Ontario’s Help Desk.

*To find out who the current LRAs for your hospital are, please contact* Helpdesk@criticall.org*.* |
| **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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| **Local Registration Authority 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)*  |
| [ ]  **Request Access** | [ ]  **Suspend Access** | [ ]  **Revoke Access** |

**Local Registration Authority 2** |

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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)*  |
| [ ]  **Request Access** | [ ]  **Suspend Access** | [ ]  **Revoke Access** |

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| **Local Registration Authority 3** |

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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)*  |
| [ ]  **Request Access** | [ ]  **Suspend Access** | [ ]  **Revoke Access** |

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| **Local Registration Authority 4** |

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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)*  |
| [ ]  **Request Access** | [ ]  **Suspend Access** | [ ]  **Revoke Access** |

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| **Local Registration Authority 5** |

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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)*  |
| [ ]  **Request Access** | [ ]  **Suspend Access** | [ ]  **Revoke Access** |