**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](mailto: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](mailto: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** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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** |