**CritiCall Ontario Secure File Transfer Portal (SFTP)**

**User Registration and Status Change Form**

CritiCall Ontario Secure File Transfer Portal (SFTP) is a web based, password protected portal that provides access to specialty reports containing Personal Health Information (PHI).

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| **Instructions** | | |
| **Form Completion**:   * Approving LRA Information section must be completed in full. * User Information sections are required in full for each account being requested.   **Form Submission:**   * The completed form must be submitted from the LRA’s hospital email address to SFTPhelpdesk@criticall.org * New SFTP Users will receive login instructions directly from CritiCall Ontario’s Help Desk.   *To find out who the LRAs for your hospital are, please contact* [Helpdesk@criticall.org](mailto:Helpdesk@criticall.org)*.* | | |
| **Approving LRA Information** | | |
| First Name | | Last Name |
| Job Title | | |
| Business Telephone *(include ext.)***(   )** | Business Email | |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)* | | |
| **LRA Authorization Date (please enter today’s date YYYY-MM-DD):** | | |

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| **User 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)* | | | | |
| **SFTP Report Name User Requires Access to:** | | | | |
| **Request Access** | **Suspend Access** | | | **Revoke Access** |

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| **User 2** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | | | Last Name | |
| Job Title | | | | |
| Business Telephone *(include ext.)***(   )** | | Business Email | | |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)* | | | | |
| **SFTP Report Name User Requires Access to:** | | | | |
| **Request Access** | **Suspend Access** | | | **Revoke Access** |

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| **User 3** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | | | Last Name | |
| Job Title | | | | |
| Business Telephone *(include ext.)***(   )** | | Business Email | | |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)* | | | | |
| **SFTP Report Name User Requires Access to:** | | | | |
| **Request Access** | **Suspend Access** | | | **Revoke Access** |

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| **User 4** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | | | Last Name | |
| Job Title | | | | |
| Business Telephone *(include ext.)***(   )** | | Business Email | | |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)* | | | | |
| **SFTP Report Name User Requires Access to:** | | | | |
| **Request Access** | **Suspend Access** | | | **Revoke Access** |