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

**CCIS**

In accordance with the CCIS Participation Agreement, each organization reporting data into Ontario’s Critical Care Information System is required to identify the Registration Authority (CEO or CIO) who assumes responsibility for all CCIS users within their organization.

The CCIS Registration Authority (RA) in turn designates Local Registration Authorities (LRAs) for their organization. LRAs ensure the secure and appropriate registration for all CCIS end-users. This process ensures that each organization, in accordance with the secure and privacy policies of their organization, will securely manage CCIS end-user accounts.

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

Detailed information regarding CCIS registration responsibilities and activities are described in the *CCIS Registration Guide* that is available in the CCIS Document Library.

If you require any further information, please contact the CCIS Helpdesk at [CCISHelpdesk@criticall.org](mailto:CCISHelpdesk@criticall.org).

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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. Delegate Registration Authorities must be signing authorities at a director level or above.   **Form Submission:**   * **The completed form must be submitted from the Registration Authority’s (CEO) hospital email address to** [**CCISHelpdesk@criticall.org**](mailto:CCISHelpdesk@criticall.org)**.** * New Delegate Registration Authorities will receive a confirmation e-mail from the CCIS Help Desk.   ***\*Note: Hospital corporations cannot have more than two Delegate Registration Authorities at one time.***  *To find out who the current Delegate RAs and LRAs for your hospital are, please contact* [*CCCISHelpdesk@criticall.org*](mailto:CCCISHelpdesk@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** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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** |