**Name Change Request Form**

The purpose of this form is to allow hospitals or other organizations to request changes to corporation, site and/or unit names as they are listed in CritiCall Ontario systems including Call Centre case facilitation systems; Provincial Hospital Resource System (PHRS) and/or Repatriation Tool; and the Critical Care Information System (CCIS).

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| **Instructions** |
| **Form Completion:****C**omplete the fields below and ensure the form is approved and signed by the corporate Chief Executive Officer prior to submission. **Form Submission:** Submit completed forms to: profilechange@criticall.org |
| **Requestor Information**  |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| CEO Authorization Date (please enter today’s date YYYY-MM-DD):       |
| CEO Signature: |
| **Type of Change (please click all that apply)** |
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| [ ]  MOH Facility Code |
| [ ]  MOH Site Code |
| [ ]  Site Name Change |
| [ ]  Unit Name Change |
| [ ]  Other - Please Specify: |  |
| Please attach any supporting documentation   |

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| Profile Details |
|  | **Current** | **New** |
| Corporation Name |  |  |
| Hospital Name |  |  |
| Site Name (if applicable) |  |  |
| MOH Facility Code |  |  |
| MOH Site Code  |  |  |
| Unit Information Changes |
| Unit Name(s) | **Current** | **New** |
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