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