**CritiCall OntarioDaily Active Repatriation Dashboard Registration Form**

|  |
| --- |
| **Instructions** |
| **Form Completion**:   * Local Registration Authority (LRA) Authorization section must be completed in full.   **Form Submission:**   * **The completed form must be submitted from the Local Registration Authority’s email address to** [Helpdesk@criticall.org](mailto:Helpdesk@criticall.org) * New account users will receive instructions directly from the CritiCall Ontario’s Help Desk.   *To find out who the current LRAs for your hospital or OH Region are, please contact* [Helpdesk@criticall.org](mailto:Helpdesk@criticall.org)*.* |

|  |
| --- |
| **Approving Local Registration Authority Information** |
| |  |  |  | | --- | --- | --- | | First Name | | Last Name | | Job Title | | | | Business Telephone *(include ext.)***(   )** | Business Email | | | Hospital Corporation Name/OH Region*(e.g., ABC General Hospital)* | | |   **User Information** |
| **User 1** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | | | Last Name | |
| Job Title | | | | |
| Business Telephone *(include ext.)***(   )** | | Business Email | | |
| Hospital Corporation Name/OH Region *(e.g., ABC General Hospital)* | | | | |
| **Request Access** | **Suspend Access** | | | **Revoke Access** |

|  |
| --- |
| **User 2** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | | | Last Name | |
| Job Title | | | | |
| Business Telephone *(include ext.)***(   )** | | Business Email | | |
| Hospital Corporation Name/OH Region *(e.g., ABC General Hospital)* | | | | |
| **Request Access** | **Suspend Access** | | | **Revoke Access** |

|  |
| --- |
| **User 3** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | | | Last Name | |
| Job Title | | | | |
| Business Telephone *(include ext.)***(   )** | | Business Email | | |
| Hospital Corporation Name/OH Region *(e.g., ABC General Hospital)* | | | | |
| **Request Access** | **Suspend Access** | | | **Revoke Access** |

|  |
| --- |
| **User 4** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | | | Last Name | |
| Job Title | | | | |
| Business Telephone *(include ext.)***(   )** | | Business Email | | |
| Hospital Corporation Name/OH Region *(e.g., ABC General Hospital)* | | | | |
| **Request Access** | **Suspend Access** | | | **Revoke Access** |

|  |
| --- |
| **User 5** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | | | Last Name | |
| Job Title | | | | |
| Business Telephone *(include ext.)***(   )** | | Business Email | | |
| Hospital Corporation Name/OH Region *(e.g., ABC General Hospital)* | | | | |
| **Request Access** | **Suspend Access** | | | **Revoke Access** |