**CritiCall OntarioDaily Active Repatriation Dashboard Registration Form**

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| **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
* 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*.* |

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| **Approving Local Registration Authority Information** |
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| 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** |

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| 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** |

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| **User 2** |

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| 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** |

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| **User 3** |

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| 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** |

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| **User 4** |

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| 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** |

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| **User 5** |

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| 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** |