

FHIR MANAGMENT CONSOLE (FMC)

ACCOUNT REQUEST FORM

- ▶ Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below.
- ▶ The Service Desk will complete the request within five days from receiving the request.

Return to: Email: servicedesk@ehealthsask.ca

User Information – Return to approver when complete

Type:	New	Change	Remove
User's Full Name		Work Email	
Health Domain User Name		Work Tel. #	

Environment	Access	Access Definitions
<input type="checkbox"/> Production	Production	<p>Standard User Reconcile, replay and delete any resource.</p>
<input type="checkbox"/> Non-Production	Test/R1Q	<p>View Only View resources only, no delete, replace or reconcile.</p>
	UAT/EFQ	<p>Administrator Perform all functions and administer user accounts.</p>

Service Authorization

Date Access Required: _____
Date (YY/DD/MM)

Manager's Information:

Name _____
Work Phone Number

Authorized Approver's Information:

Name _____
Work Phone Number

Signature (Not required if emailed from Approver's email address) _____
Date (YY/DD/MM)