



PowerScribe 360 (PS360) ACCOUNT REQUEST FORM

If you are unclear about any fields below, call the Service Desk at 1-888-316-7446 or (306) 337-0600.

The Service Desk will complete the request within five business days from receiving the request.

Return to: Fax Number: 306-781-8480

Email: servicedesk@ehealthsask.ca

User Information

Type of Request (check one): New User Change in User Type Remove

User's Full Name printed:		Work Phone #:	
Working Title (Function):		Email Address:	
Date Access is Required:		*CPSS #:	
Environment:	<input type="checkbox"/> Production <input type="checkbox"/> R1Q <input type="checkbox"/> EFQ	<small>*Mandatory Field CPSS # can be obtained from eHealth Service Desk</small>	

Account Information

Does the user have an account to log on to the Regional Health Network?

Yes, please provide the user ID:

_____ *Provide full user name with Domain (e.g. PNRHA\jdoe)*

I'm not sure

No, network account not required (for regional third party)

Access Requested - PS360 User Type

- Site Admin Radiologist / Attending Resident / Fellow
 Transcription / Editor Technologist
 Other (please specify): _____

Service Authorization

I acknowledge that the subscriber is permitted access to selected services.

Manager / Supervisor (if applicable)

Name: _____
(please print)

Signature: _____ Date: (YY/MM/DD)

If you need the name of an authorized approver, please call the eHealth Service Desk.

Regional Authorized Approver (required)

Name: _____
(please print)

Signature: _____ Date: (YY/MM/DD)

The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>