

## **Webex Account Request Form**

Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below. Email form to: servicedesk@ehealthsask.ca

User Inform	ation						
Type of Requ	ıest (check one)	: New Us	er	Reactivate		Remove	
User's Full Name (printed): Work Phone #:							
Working Title (function):				Email Address:			
Facility Name:				Workstation Asset #:			
Service Autl	horization						
User's Signat	ure:						
						Date (MM	/DD/YY)
Date access is required:							
Choose a ser	vice.					Date (MM	/DD/YY)
Choose a ser	vice.						, , ,
Webex Chat <b>only</b> (Collaboration solution, messaging, file sharing)							
Walter Markings* Walter Chat included							
Webex Meetings* - Webex Chat included (Video/Audio conferencing) * This account is for hosting of Webex meetings only. It is not required to join/attend meetings.							
Recording Required: Yes No							
If yes, I agree to record only for the purpose of Education + Admin. No client info will be recorded.							
Initial							
Ammunicular Information							
Approver's Information							
Ammrovaria N	la ma a s						
Approver's Name:							
						Work Phone	e Number
Approver's Signature:							
I acknowledge the subscriber is permitted access to the selected services.  Date (MM/DD/YY)							
Approvers by Location:							
	Location		eHealth	МоН	SCA	SHA	
	Meetings	Manager*	Manager*	Director*	Director*	Director*	
	Chat	Manager*	N/A**	N/A**	N/A***	Manager*	
* Includes any positions above ** No approval required *** Not available for location							

If you need assistance, please call the Service Desk 1-888-316-7446 (local 337-0600). The most recent version of this form can be downloaded at: http://www.ehealthsask.ca/forms