eHealth Saskatchewan

GRANTS AND BURSARIES APPLICATION
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 two 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:		Email Address:	
Branch:		Fax Number:	

Environment (check one)	☐ Production	☐ User Acceptance Test (UAT)

eHealth Saskatchewan Domain Account   Note: *access to Grants & Bursaries is granted via a Health Domain account*

Do you already have a Health Domain account? (check one) ☐ Yes ☐ No

If Yes, please indicate your account name:

If No, please submit an eHealth Saskatchewan Network Account Authorization Form

Role(s)	☐ User	☐ Grants Admin	☐ Bursaries Admin	☐ Super Admin

User's Agreement

General Agreement

- As a user of the system, I recognize the importance of securing personal health information.
- I agree to utilize the information included in the system for the purposes authorized by my Regional Administrator or their designate.
- I recognize that the use of this data for unauthorized or unlawful purposes is strictly prohibited and is subject to prosecution by the Government of Saskatchewan or its agents.

Workstation Security

- I agree to keep secure all data available to me in the system. I will not allow unauthorized users to access this information.
- I will keep private all passwords associated with the system.
- I have secured my workstation with a screen-saver password to assure security should I leave my machine for an extended period of time.

I have read, and accept, the General Agreement and the Workstation Security Policy.

User's signature:	
	Date (YY/MM/DD)

Service Authorization

I acknowledge that the subscriber is permitted access to the selected services.   **Date access is required:**

Date (YY/MM/DD)

RHA Administrator
Name:

(please print)   Work Phone Number

Signature:

Date (YY/MM/DD)

Service Authorization Approval
Name:

(please print)   Work Phone Number

Signature:

Date (YY/MM/DD)

If you need the name of an authorized approver, please call the Service Desk 1-888-316-7446 (local 306-337-0600)
The most recent version of this form can be downloaded at: http://www.ehealthsask.ca/forms

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