



## SERVICE PROVIDER REGISTRY (SPR) ACCOUNT REQUEST FORM

- ▶ Call the Service Desk 1-888-316-7446 (local 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

|                                  |  |                |  |
|----------------------------------|--|----------------|--|
| <b>User's Full Name printed:</b> |  | Work Phone #:  |  |
| Working Title:                   |  | Email Address: |  |
| Facility Name:                   |  | Health Region: |  |

**Environment**  Production  User Acceptance Test (UAT)

### Access Requested

CPSS  CDSS  Superset

### Service Authorization

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

I acknowledge that the subscriber is permitted access to the selected services. **Date access is required:** \_\_\_\_\_  
Date (YY/MM/DD)

### Manager's Information

Name: \_\_\_\_\_  
(please print) Work Phone Number

Signature: \_\_\_\_\_  
Date (YY/MM/DD)

### Authorized Approver's Information

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 337-0600)  
The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>