

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 Information					
Type of Request (check one):	: New User	∩ Re	eactivate	(Remove
User's Full Name (printed):			Work Phone		
			_	<u> </u>	
Working Title (function):			Email Addres	SS:	
Facility Name:			Workstation	Asset #:	
Service Authorization					
User's Signature:					
					Date (MM/DD/YY)
Date access is required:					
Character and the				_	Date (MM/DD/YY)
Choose a service:					Date (IVIIVI/DD/11)
Webex Teams only					
(Collaboration solution, messaging, file sharing)					
○ Webex Meetings* - Webex Teams 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.					
If yes, I ag	ree to record only for	r the purpose	of Education +	Admin. No cliei	nt info will be recorded.
Approver's Information					
A Nl					
Approver's Name:					
					Work Phone Number:
Approver's Signature:					
l ackno	wledge the subscriber	is permitted acc	ess to the selecte	ed services.	Date (MM/DD/YY)
Approvers by Location:					
	ALLE	- I - a let	84-11	CCA	CHA
Location		eHealth Managor*	MoH Director*	SCA Director*	SHA Director*
Meeting: Teams	Manager*	Manager* N/A**	N/A**	Director* N/A***	Director* 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