



# PHC PCIS Training Registration form for Internal Users



(for Employees, Service Providers, Contractors, Students with affiliated Schools/ Universities)

Research staff, Medical Office Assistants or other people working in a private practice medical office, must fill out the EXTERNAL User Registration form

If you have any questions, please e-mail PHC PCIS Training at  
[phcpcistrainingrequest@providencehealth.bc.ca](mailto:phcpcistrainingrequest@providencehealth.bc.ca)

**\* Access will not be given if this form is incomplete \***

**PLEASE PRINT**

Last name, First name, Middle Initial:	Contact Phone Number:	Employee / Student ID Number:	
Job Title:	Dept/ Unit:	Site:	Email Address:

**A. PCIS Training Registration – PLEASE PRINT**

Job Class	Status:	PCIS Status
Allied Health <input type="checkbox"/>	Regular position <input type="checkbox"/>	New User <input type="checkbox"/>
Clerical <input type="checkbox"/>	Casual <input type="checkbox"/>	Existing User <input type="checkbox"/>
Manager <input type="checkbox"/>	Temp/Student/Resident <input type="checkbox"/> Start Date: _____ End Date: _____	First Preferred Date: _____
Nursing <input type="checkbox"/>		Alternate Date: _____
Physician <input type="checkbox"/>		
Other (please specify): _____		

**B. PCIS User Access – PLEASE PRINT**

AUTHORIZING MANAGER TO COMPLETE THIS SECTION: (not required for Physicians)			
<input type="checkbox"/> Basics <input type="checkbox"/> Nursing <input type="checkbox"/> Non-Nursing Staff	<input type="checkbox"/> Order Entry <input type="checkbox"/> Nursing <input type="checkbox"/> MD (CTU, ICU, ER only) <input type="checkbox"/> Clerical <input type="checkbox"/> Allied Health	<input type="checkbox"/> ED Manager <input type="checkbox"/> Nursing Basic <input type="checkbox"/> Nursing Advanced <input type="checkbox"/> MD (incl. MSI & Res.)	<input type="checkbox"/> Nursing Orientation <input type="checkbox"/> GNO <input type="checkbox"/> Residential
<b>Reason(s) for Access</b>	<input type="checkbox"/> Clinical <input type="checkbox"/> Clerical (e.g Health Records, Finance, Decision Support ) <input type="checkbox"/> Other (please specify): _____		
I have determined that the User has a 'need to know' to access the information provided by the access privileges described above in order to perform his or her job duties as an employee, service provider, contractor or student and I authorize the User to receive such privileges. The User agrees to and signs the <b>Terms of Use</b> form.			
Name (please print):		Title and Dept.:	
Ph. #:		Email:	
Signature:		Date:	

**For access to our intranet site, please follow this link:**

[http://phcconnect/programs\\_services/pcis/pcis\\_training/page\\_74447.htm](http://phcconnect/programs_services/pcis/pcis_training/page_74447.htm) (only available from within PHC)

**The signed form must be faxed to 604-875-4064 prior to training**