

## Access request/change form \*\*\* Surgeon office staff \*\*\*

Please complete this form and send to your health authority SPR administrator. Note: requests for access must be received from a designated health authority SPR administrator. For more information call the SPR office at 250-519-5702 or email sproffice@phsa.ca.

User group required:	
☑ Surgeon office staff	
Surgeon office staff name:	
Surgeon office staff phone:	
Surgeon office staff email:	
Surgeon name:	
Surgeon specialty:	
Surgeon College ID #:	
Health authority:	
Health authority username:	
Health authority domain:	
HA SPR admin or delegate:	
Date requested:	
Access required:  New SPR user	
☐ SPR production/SPR Data Mart (reporting) as report consumer	
D of it production of it Data Mart (reporting) as report consumer	
Change to existing user access: please indicate the change(s) required in this section.	
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SPR central office use only	
CO SPR manager or delegate:	
Date received:	
Surgeon granted access:	
Master access list updated:	
Request form saved & filed:	
Distribution lists (HO):	