

Access Request/Change Form

***** SPR User Group*****

Please complete this form. E-mail to your Health Authority SPR Administrator. *Requests must be sent from a designated Health Authority SPR Administrator.*

***NOTE:** For Surgeon access requests please use the Surgeon Access Request Form. For Surgeon Office Staff requests please use the Surgeon Office Staff Access Request Form.

New User's Full Name:	
Health Authority:	
Title:	
Phone Number:	
E-mail:	
Health Authority User Name:	
Health Authority Domain*:	
Business Reason for Access:	

Please select one: ☐ New User Access ☐ Change to existing User Access	HA SPR Admin. or Delegate: [name]
	Date Requested: [date]

User Group Required (To select an option double click on the check box and set default value to Checked.)

- ☐ HA Booking Clerk
- ☐ HA Analysis and Decision Support Staff
- ☐ HA Management (*no patient identifiable data*)
- ☐ HA SPR Administrator
- ☐ Ministry of Health
- ☐ DARE Analytics

Access Required (To select an option double click on the check box and set default value to Checked.)

SPR APPLICATION

- ☐ SPR Production (web app)
- ☐ SPR Staging (web app)

SPR DATA PLATFORM / REPORTING

- ☐ SPR Dashboard / Report Consumer (view existing reports)
- ☐ Excel Access to Data Cubes (create reports via Excel)
- ☐ Report Builder (design and create reports)
- ☐ Dashboards (Prov. Surgical & Priority Wait Times) – summary data

SPR TEAMSITE

- ☐ Teamsite Access (*for User Guides and other resources*)

Notes:

[notes here]