BC SURGICAL PATIENT REGISTRY
Provincial Health Services Authority

Access Request/Change Form

*** Surgeon ***

Please complete this form and send to your HA SPR Administrator.
Note: Requests must be sent from a designated Health Authority SPR Administrator.
E-mail to sproffice@phsa.ca

Surgeon Name:	
Surgeon Specialty:	
College ID #:	
Phone Number:	
E-mail:	
Health Authority:	
Health Authority UserName:	
Health Authority Domain:	

HA SPR Admin. or Delegate:		**Date Requested:**	

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

☐ **New SPR User**

☐ **Locum Surgeon**

Type of Access:

☐ **Datamart Reporting Tool only**

☐ **SPR Web Application only**

☐ **Both**

User Group Required:

☒ Surgeon – Read only

For **LOCUM** surgeons please provide the Name, College ID and Specialty of the surgeon they will be a locum for in this section:

Surgeon Name: _____

College ID: _____

Specialty: _____

☐ **Change to Existing User Access** (Please indicate the change(s) required in this section)

SPR Central Office Use Only

CO SPR Manager or Delegate:		Date Received:	
SPR Access Complete		Master Access List Updated	
Request Form Saved & Filed			

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