

Individual Registration and Service Enrolment

Use this form to enrol an individual for **DPV Service**

Form Completion Instructions

Before proceeding with the enrolment request, the user must be registered with an @oneid.on.ca account. If user is not registered, please do so using the LRA online tool.

1. This form must be completed for each existing registrant
2. All fields must be completed as specified.
3. The Local Registration Authority can email the completed form to registration.agents@ehealthontario.on.ca for processing.

Do not submit any personal information via email including: Gender, Date of Birth, and Identity Document Information

Part 1 – Registrant Details

First Name	Last Name
Login ID (firstname.lastname@oneid.on.ca)	

Part 2 – Sponsor Information

Sponsoring Organization Name and Location (e.g. Twin Falls Health Sciences Network – ABC General Hospital)

Sponsor's Full Name

Sponsor's Business Telephone * (incl. Extension)	Sponsor's Business Email
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This request was authorized by the above sponsor via: Email Memo Other (specify):

DPV – Enrolment Request

Service Enrolment * <input type="checkbox"/> Drug Profile Viewer <input checked="" type="checkbox"/> eHealthOntario Portal and PublicHealthOntario Portal	DPV Usage Type (choose 1)* <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Nurse	<input type="checkbox"/> Administrative <input type="checkbox"/> Clerical <input type="checkbox"/> MOHLTC Employee <input type="checkbox"/> Other:
Language Preference * <input type="checkbox"/> English <input type="checkbox"/> French		

Part 3 – Local Registration Authority Information

First Name	Last Name
Login ID (firstname.lastname@oneid.on.ca)	