Application for Access - PCIS (SCM)

Please select from the following: (All new users are required to attend SCM Basics training)

- [ ] New User/Class Registration  - [ ] Existing User/ Refresher class  - [ ] Name Change  - [ ] Nrsg. Orientation
- [ ] Change of Occupation/Update Access Rights  - [ ] Delete Account  - [ ] Account Reactivation

**Username Information (Please Print Clearly)**

*Unless otherwise indicated, **all fields in this form must be completed** - failure to provide complete information will **delay** your registration process.

(Please provide your **full** legal surname, given name & middle initial)  - [ ] No Middle Initial

Surname: ___________________________  Given Name: ___________________________  Middle Initial: _____

Previous Name *(if name change)*: ___________________________  Physician’s Billing # *(if applicable)*: __________

Occupation: ___________________________  PHC Site: __________  Work Area/Service: ___________________________

Signature of Leader/Department Head/Instructor: ___________________________  Local: __________  Pager: __________

**For Medical Clerks, Residents, Fellows, and International Medical Graduates:**

Ending Date of Program: ___________________________  *(DD/MM/YY)*

**For Emergency and ICU Rotations Only**

Start of Rotation: ___________________________  End of Rotation: ___________________________  *(DD/MM/YY)*

**Class Selection (Please note: Absolutely NO food or beverages are permitted in the classroom)**

Please refer to the PCIS (SCM) internal web site *(http://phcsunrise/AT_TrainingMain.asp)* for class information and schedules, indicate your preference(s) below:

- SCM Basics -  First Preferred Date/Time: ___________________________  Alternate Choice: ___________________________
- SCM Orders -  First Preferred Date/Time: ___________________________  Alternate Choice: ___________________________

Send completed registration form to PCIS Training and Support, by Fax: *(604) 806.9907* or Internal PHC Mail: Hornby Site, 2nd Floor, Room 201

*Please indicate below your preferred method of contact so that we can confirm your class time*

Phone: ___________________________  Email: ___________________________  Pager: ___________________________

For inquiries: Please page 34188 or *(604) 252-4188* *(from outside PHC) weekdays between 8am and 4pm*

1. Classes are held @ 1190 Hornby Street, 3rd floor PHC/VCH Training Room
2. Please arrive 5 minutes before the published class start time, latecomers will be required to re-register.
3. All users that are required to enter orders electronically **must** attend an **SCM Orders session** prior to their Rotation/start date. This includes: Allied Health staff, Nursing Staff, Unit Coordinators, plus All Physicians & House staff: (IMGs, Residents and Fellows) in **ICU & Emergency Departments**.