UNATTACHED WEB REGISTRY – USER TRAINING

Thank you for your request for access to the Calgary West Central Primary Care Network (CWC PCN) Unattached Web Registry (UAR). Please fill out the request below and fax to 403.258.2746 or email memberservices@cwcpcn.com. A username and temporary password will be provided to each user within **10** business days*.

Please indicate the name of the Physician and/or staff member(s) who will require UAR training:

PHYSICIAN (first, last name)	CLINIC NAME	EMAIL (needed to create a user account)
STAFF (first, last name)	**TITLE/POSITION**	**EMAIL** (needed to create a user account)

Preferred training dates/times: _____

Primary contact name and number: _____

☐ Add user(s) but no training is required.

I acknowledge that my employee(s) require training and will take measures to ensure that they adhere to the requirements as set out by the Health Information Act of Alberta.

_____   _____
Physician name *(please print)*   Physician signature

*** Administration purposes only.**

Clinic staff registered on UAR: _____

Username: _____   Password: _____

Registration date: _____   Registered by: _____

UAR training provided on: _____   Training provided by: _____

Participating clinic staff: _____

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