

Please complete this form and send to your health authority SPR administrator.  
Note: requests for access must be received from a designated health authority SPR administrator.  
For more information call the SPR office at 250-519-5702 or email [sproffice@phsa.ca](mailto:sproffice@phsa.ca).

**User group required:**

<input checked="" type="checkbox"/> Surgeon
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<b>Surgeon name:</b>	
<b>Surgeon specialty:</b>	
<b>College ID #:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Health authority:</b>	
<b>Health authority username:</b>	
<b>Health authority domain:</b>	

<b>HA SPR admin or delegate:</b>	
<b>Date requested:</b>	

**Access required:**

<input type="checkbox"/> New SPR user
<input type="checkbox"/> Locum surgeon

For **Locum surgeons**, please provide the name, College ID and specialty of the surgeon for whom they will be a locum:

<b>Surgeon name:</b>	
<b>Surgeon specialty:</b>	
<b>College ID #:</b>	

**Change to existing user access:** please indicate the change(s) required in this section.

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<b>SPR central office use only</b>	
<b>CO SPR manager or delegate:</b>	
<b>Date received:</b>	
<b>SPR access complete:</b>	
<b>Master access list updated:</b>	
<b>Request form saved &amp; filed:</b>	