

RL6 Account Access Request Form

Requested By		Approved By	
Job Title		Job Title	
Phone Number		Phone Number	
Email		Email	
Type of License (select one)		Type of Request (select one)	
Date Required (mm-dd-yyyy)	Employee Number		
If reassigning license name of previous user			
USER INFORMATION			
First Name		Last Name	
Title		Program/Site	
Phone Number		Email	
RL6 Scope (list unit(s), site program(s) that user should have access to)			
Access to Critical Incidents	(select one)		
List Monthly Reports Required			
PHIA Pledge Form Signed	(select one)		
If no, PHIA scheduled for (mm-dd-yyyy)			
User Attended RL6 Training (NOTE: training is 3 hours in length)	(select one)		
Date Training Attended or Scheduled (mm-dd-yy)	Registration for RL6:Risk Manager/Director Training through Learning Management System (LMS): http://www.wrha.mb.ca/quality/workshops.php		
Authorizing Signature		Date	
FOR OFFICE USE ONLY			
Assigned Date			
EHealth Service Desk Date		Incident Number	
EHealth Completion Date			
Login Request Date		Login Response Date	
Account Set Up Date		Activation Date	
Completed by			

Please send completed form to RL_Support@wrha.mb.ca or by fax 204-940-6623

NOTICE FOR NEW ACCOUNTS

Applicants that do not complete manager training, or the account log in process, will be considered VOID after 3 months with no contact from the user. A new application request form will be required for an account following those 3 months.