
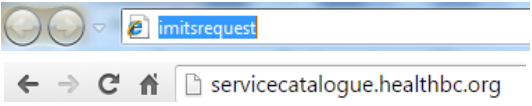
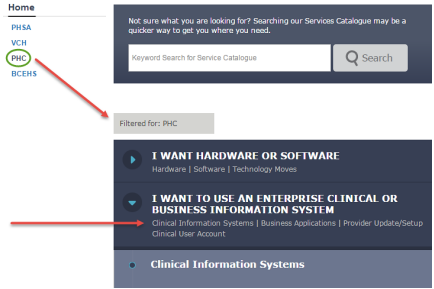

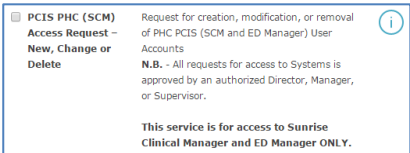
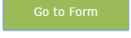

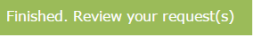
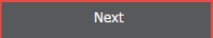
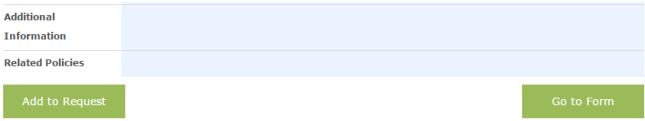
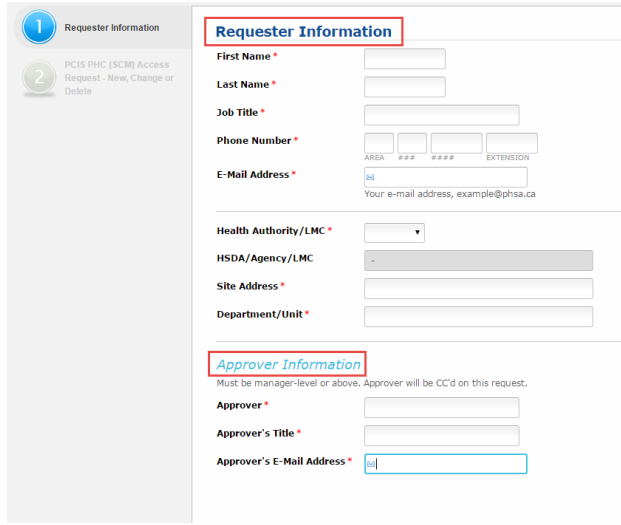
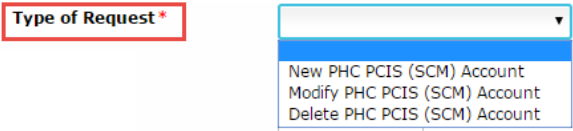
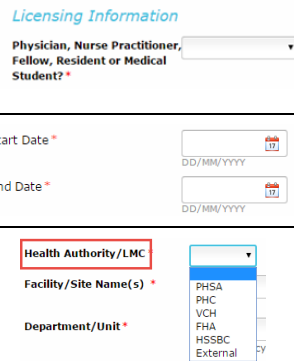


Quick Tips: PCIS PHC (SCM) Access Request – New, Change or Delete Online Form

The processes outlined below identify the steps to request a New PHC PCIS account or modify an active PHC PCIS account with the online form: **PCIS PHC (SCM) Access Request – New, Change or Delete**.

Instructions to Requester - Submitting a Request	
<p>1. Go to the Service Catalogue:</p> <ol style="list-style-type: none"> I. Type <i>imitsrequest</i> in the Internet Explorer  browser OR II. For other internet browsers, follow this link: http://servicecatalogue.healthbc.org <p>NOTE: <i>The Service Catalogue is only available from within PHC sites</i></p>	
<p>2. On the Service Catalogue homepage, select PHC under 'Home' so that the forms displayed are 'Filtered for: PHC'</p> <p>3. Click 'I WANT TO USE AN ENTERPRISE CLINICAL OR BUSINESS INFORMATION SYSTEM'</p> <p>4. Click Clinical Information Systems</p>	
<p>5. Select PCIS PHC (SCM) Access Request – New, Change or Delete Click the information  icon</p>	
<p>6. Review the information about the form and click the  button</p> <p>7. To select more than one form:</p> <ol style="list-style-type: none"> I. Click the  button and select any additional forms II. Scroll to the bottom of the page and click  III. Click the  button on the Catalogue Submission page to complete the selected forms 	

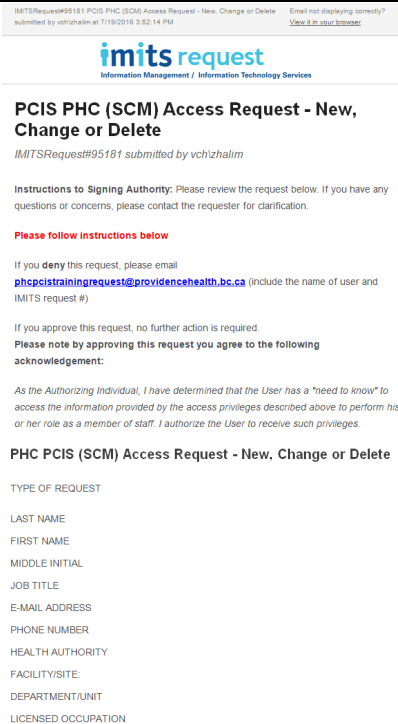
<p>8. Complete Requester Information with your details if not already populated</p> <p>NOTE: <i>The Requester <u>cannot be the same as the person requiring access</u></i></p> <p><i>Requests will not be accepted if logged in under a generic network account e.g. infosys\sph5b</i></p> <p>9. Enter Approver information. Approvers include authorized Managers, Directors, Supervisors</p> <p>NOTE: <i>If the appropriate approver is not entered your request will not be processed and you will need to submit a new request with the correct approver</i></p>	 <p>The screenshot shows a web form titled 'Requester Information' with two sections: 'Requester Information' and 'Approver Information'. The 'Requester Information' section includes fields for First Name, Last Name, Job Title, Phone Number (with area and extension sub-fields), and E-Mail Address. The 'Approver Information' section includes fields for Approver, Approver's Title, and Approver's E-Mail Address. A note states: 'Must be manager-level or above. Approver will be CC'd on this request.'</p>
<p>10. Select the correct request option in the Type of Request field to enter the required information:</p> <ul style="list-style-type: none"> • New PHC PCIS (SCM) Account – use this form to request PCIS accounts for new staff members or to request <i>reactivation</i> of a PCIS account • Modify PHC PCIS (SCM) Account (<i>Only for active PCIS accounts</i>) – use this form to request modification(s) PCIS accounts • Delete PHC PCIS (SCM) Account – use this form to request a PCIS account be deactivated 	 <p>The screenshot shows a dropdown menu for 'Type of Request' with three options: 'New PHC PCIS (SCM) Account', 'Modify PHC PCIS (SCM) Account', and 'Delete PHC PCIS (SCM) Account'.</p>
<p>11. Complete fields with user information as required:</p> <ul style="list-style-type: none"> • Mandatory fields are marked by a red asterisk * • Complete additional fields (e.g. Licensing Information) • Start and end dates are required for all staff (except employees) • Health Authority/LMC – if not employed by any of the listed Health Authorities, please select 'External' • Complete additional requirements (E.g. Researchers must separately submit Final Certificate of Approval) 	 <p>The screenshot shows the 'Licensing Information' section with a dropdown for 'Physician, Nurse Practitioner, Fellow, Resident or Medical Student?'. Below it are 'Start Date' and 'End Date' fields with date pickers. Further down are 'Health Authority/LMC' and 'Department/Unit' dropdowns. A note at the bottom states: 'Research Staff must also submit a copy of their Final Certificate of Approval to PHC PCIS Training Request'.</p>

<ul style="list-style-type: none"> New PHC PCIS Account requests – if known, enter date of training 	<p><i>CCRS Registration</i></p> <p>Has this person registered in CCRS for training? * <input type="radio"/> Yes <input type="radio"/> No</p>
<p>12. In the PHC PCIS Courses for Access Request section of the form, place a checkmark for courses the user will or has attended</p> <p>NOTE: <i>Training must be completed before PCIS access is set-up. Access is related to training completed so please check only the required training for the person's role</i></p>	<p><i>PHC PCIS Courses for Access Request</i></p> <p><i>Basics</i></p> <p><input type="checkbox"/> Basics Nursing (includes Unit clerks)</p> <p><input type="checkbox"/> Basics Non- Nursing Staff</p> <p><i>Order Entry</i></p> <p><input type="checkbox"/> Nursing (includes Unit clerks)</p>
<p>13. Acknowledgement and Undertaking</p> <ul style="list-style-type: none"> Select the correct Reason for Access, if 'Other', enter reason for access Select both checkboxes to confirm: <ol style="list-style-type: none"> The information provided is correct The user has a "need to know" reason for the access request <p>14. Click the FINISH AND SUBMIT >> button to complete the process</p> <p>NOTE: <i>If the form does not submit, check for missed mandatory fields indicated by a red asterisk * and click the FINISH AND SUBMIT button again</i></p>	<p>Reason for Access *</p> <p>Clinical (Direct Patient Care) Clinical (In Support of Direct Patient Care) Other (please specify)</p> <p><i>Acknowledgement and Undertaking</i></p> <p>Reason for Access *</p> <p><input type="checkbox"/> * The information provided is correct</p> <p><input type="checkbox"/> * As the Authorizing Individual, I have determined that the User has a "need to know" to access the information provided by the access privileges described above to perform his or her role as a member of staff. I authorize the User to receive such privileges.</p> <p><i>"Authorizing Individual" includes Manager, Physician, Principal Investigator or Approved Delegate</i></p> <p><i>"Staff" means all officers, directors, employees, physicians, dentists, midwives, nurse practitioners, residents, fellows, health care professionals, students, volunteers, researchers, contractors and other service providers engaged by PHC.</i></p>
<p>15. A confirmation email will be sent to you with a link to your request. For any questions regarding that status of your request, please email phcpcistrainingrequest@providencehealth.bc.ca</p>	<p>imits request Information Management / Information Technology Services</p> <p>IMITSRequest#95181 PHC PCIS (SCM) User Request:</p> <p>IMITSRequest#95181 submitted by vchzhalim</p> <p>Thank you for submitting this request.</p> <p>New or Modified PHC PCIS Accounts:</p> <ul style="list-style-type: none"> All new users require PHC PCIS training. When the user's training is complete, PHC PCIS will provide the user with instructions on how to access the account. All HA employees must have an up to date and active payroll record before access is granted. If the account requires modification, you will be notified when processed. <p>Deleted Accounts:</p> <ul style="list-style-type: none"> No additional notification will be sent. <p>To contact the PHC PCIS Team regarding this PHC PCIS account request, (include your name and the name of the User), and for General inquiries about training please email PHC.PCIS.Training.Request</p> <p>Your PHC PCIS (SCM) User Readiness Team</p> <p>Check request status at http://imitsrequest.phsa.ca/request/95181</p>

Instructions to Approver

1. Approvers will receive an email which contains the details of the request. Please read the instructions above the request details:
 - I. If you **approve the request**, no further action is required
 - II. If you **deny the request**, please email phpcistrainingrequest@providencehealth.bc.ca
2. Please ensure that the staff member has an active payroll record if applicable

NOTE: *Access can't be provided until required training has been completed and the staff member has been validated. (E.g. active PeopleSoft record for VCH/PHC employees)*



imits request
Information Management / Information Technology Services

PCIS PHC (SCM) Access Request - New, Change or Delete
IMITSRequest#95181 submitted by vchzhalm

Instructions to Signing Authority: Please review the request below. If you have any questions or concerns, please contact the requester for clarification.

Please follow instructions below

If you **deny** this request, please email phpcistrainingrequest@providencehealth.bc.ca (include the name of user and IMITS request #)

If you approve this request, no further action is required.

Please note by approving this request you agree to the following acknowledgement:

As the Authorizing Individual, I have determined that the User has a "need to know" to access the information provided by the access privileges described above to perform his or her role as a member of staff. I authorize the User to receive such privileges.

PHC PCIS (SCM) Access Request - New, Change or Delete

TYPE OF REQUEST

LAST NAME

FIRST NAME

MIDDLE INITIAL

JOB TITLE

E-MAIL ADDRESS

PHONE NUMBER

HEALTH AUTHORITY

FACILITY/SITE:

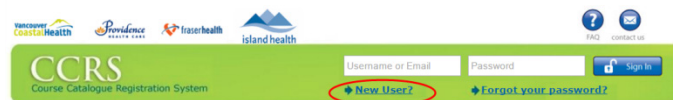
DEPARTMENT/UNIT

LICENSED OCCUPATION

Instructions to PCIS User

1. Register for the applicable PCIS courses in the Course Catalogue Registration System (CCRS) at <https://ccrs.vch.ca>. Create a CCRS account if needed by clicking **New User?**
2. Complete training. If there are any questions regarding the PCIS Courses, please email pcissupport@providencehealth.bc.ca
3. Provide any requested outstanding information as needed to [PHC PCIS Training Request](#)

NOTE: Email learnwithus@vch.ca if you have any questions or issues creating a CCRS account



CCRS
Course Catalogue Registration System

Username or Email Password Sign In

New User? Forgot your password?

Access Issues / Troubleshooting

Call the Service Desk 604-806-9333