

# Generic Account Suspend/Reinstate/Revoke Request Form

Use this form to change a Generic Account's registration status

## Form Completion Instructions

1. A form must be completed for each Generic account.
2. Complete all fields as specified. **Mandatory fields are marked with an asterisk (\*)**. Indicate "Not Applicable" or "N/A" if a field is not applicable.
3. The Local Registration Authority must **fax** the completed form to the eHealth Ontario Registration Authority for processing.
4. Further completion instructions are located at the end of this form.

## Part 1 – Generic Account Registrant Information

This section to be completed with the details of the person who is responsible for the Generic account. The **Existing Generic Account** is an existing account that has previously been registered with eHealth Ontario.

Existing Generic Account \* (e.g. info@yourorg)

Salutation * <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Legal First Name *	Legal Last Name *	
Organization Name * (e.g., Twin Falls Health Sciences Network)		Location Name (e.g., ABC General Hospital)	
Business Address * (Number and Street)		Suite/Unit/Floor	City/Town *
Province * <b>ON</b>	Postal Code *	Business Telephone * (incl. Extension)	Business E-mail *

Provide **Login Name** if an existing registrant\* (e.g. first.last@oneid.on.ca)

## Part 2 - Change Request

This section to be completed by the **sponsor** or the **Local Registration Authority**. Select only one Change to Service check box and indicate the reason.

Change to Service and Reason \*

<b>Change to Service</b>	<input type="checkbox"/> Suspend Service Enrolment	Anticipated Reinstatement Date (yyyy-mm-dd)	
<b>Reason</b>	<input type="checkbox"/> Account Owner is on Extended Leave (e.g., sabbatical)	<input type="checkbox"/> Compromised Credential	<input type="checkbox"/> Other (specify):
<b>Change to Service</b>	<input type="checkbox"/> Reinstate Service Enrolment		
<b>Reason</b>	Not Applicable		
<b>Change to Service</b>	<input type="checkbox"/> Revoke Service Enrolment		
<b>Reason</b>	<input type="checkbox"/> The organization no longer wishes to have a Generic account	<input type="checkbox"/> Other (specify):	

## Part 3 – Sponsor Information

This section to be completed by the registrant's **sponsor** or the **Local Registration Authority** on behalf of the sponsor. Specify organization name, location name, and address only if different from the registrant. Contact information (e.g., business telephone and/or business e-mail) must be provided.

Organization Name * (e.g., Twin Falls Health Sciences Network) <b>MOHLTC-OPDP</b>	Location Name (e.g., ABC General Hospital)		
Business Address * (Number and Street) <b>Hepburn Block</b>	Suite/Unit/Floor <b>9th Floor</b>		
City/Town * <b>Toronto</b>	Province * <b>ON</b>	Postal Code * <b>M7A 1R3</b>	

I authorize the above changes to the registrant's service enrolment(s).

Sponsor's Signature \*



Date Signed \* (yyyy-mm-dd)

Sponsorship Received via Other Methods (e.g., e-mail, memo).  
Sponsor signature is not required.

Specify Method:

E-mail  Memo  Other (specify): [As per Alternative Registration Assessment](#)

## Part 4 – Local Registration Authority Information

This section to be completed by the **Local Registration Authority**. Specify organization name, location name, and address only if different from the registrant. Contact information (e.g., business telephone and/or business e-mail) must be provided

Salutation \*  Dr.  Mr.  
 Miss  Mrs.  Ms.

First Name \*

Legal Last Name \*

Business Telephone \* (incl. Extension)

Business E-mail \*

Address Same as Registrant (if checked, the remaining Address fields in this section are not mandatory.)

Organization Name \* (e.g., Twin Falls Health Sciences Network)

[MOHLTC](#)

Location Name (e.g., ABC General Hospital)

[OPDB \(Registration Unit\)](#)

Business Address \* (Number and Street)

[1055 Princess Street](#)

Suite/Unit/Floor

[Suite 302](#)

City/Town \*

[Kingston](#)

Province \*

[ON](#)

Postal Code \*

[K7L 5T3](#)

I confirm that I have reviewed the registrant's identity documents and I authorize this change in status for this service enrolment.

Local Registration Authority's Signature \*

Date Signed \* (yyyy-mm-dd)

1. Fax completed form to eHealth Ontario **Toll free at 1-866-831-0107**

2. Email the generic account name to [registration.agents@ehealthontario.on.ca](mailto:registration.agents@ehealthontario.on.ca) (**DO NOT** email completed form)

**Note:** Once confirmation is received that the change has been processed, handle all original forms in accordance with your organizations Privacy, Security and document management policy.

Notes

## Form Completion Instructions (click on the attached and print if required)



Instructions -  
Generic Account Susp