

ONE Remote Service Enrolment

For access to UHN Applications

Use this form to enrol an existing registrant for ONE Remote to access UHN Applications.

Form Completion Instructions

As a prerequisite, the user must be registered with a @oneid.on.ca account. If the user is not registered in ONE® ID, please do so using the LRA online tool.

1. This form must be completed for each existing registrant.
2. All fields must be completed as specified.
3. The Local Registration Authority can email the completed form to registration.agents@ehealthontario.on.ca for processing.

Do not submit any personal information via email including: Gender, Date of Birth, and Identity Document Information

Part 1 – Registrant Details

First Name:

Last Name:

Login ID (firstname.lastname@oneid.on.ca):

Part 2 – Sponsor Information

Sponsoring Organization Name and Location (e.g. Twin Falls Health Sciences Network – ABC General Hospital):

Sponsor's Full Name:

Sponsor's Business Telephone (incl. Extension):

Sponsor's Business Email:

This request was authorized by the above sponsor via: Email Memo Other (specify):

ONE Remote Request

Name and Address of the Organization you are requesting to access via ONE Remote:

Organization name:

Address:

Identify the application or service to be accessed using ONE Remote:

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If the applicant has been previously provided with a token by eHealth Ontario, please provide the token serial number:

Token Serial Number:

If the applicant does not already have a token, please provide your address to ship the token to (if not located at the above address indicated):

Part 3 – Local Registration Authority Information

First Name:

Last Name:

Login ID (firstname.lastname@oneid.on.ca):