

# Individual Registration and Service Enrolment

Use this form to enrol an individual for the **ENLB Service**

## Form Completion Instructions

Before proceeding with the enrolment request, the user must be registered with an @oneid.on.ca account.

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](mailto: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):

## DPV – Enrolment Request

Service Enrolment * <input type="checkbox"/> ENLB <input checked="" type="checkbox"/> eHealthOntario Portal and PublicHealthOntario Portal	Facility ID (assigned to your organization by eHealth Ontario)  Effective Date (the date your facility will start using the eNLB application) (yyyy-mm-dd)
--	---

## Part 3 – Local Registration Authority Information

First Name	Last Name
Login ID (firstname.lastname@oneid.on.ca )	