



Local Registration Authority Nomination Form

Anyone performing Identity and/or Access Management activities is considered a Local Registration Authority (LRA). Use this form to identify LRAs who must interact with Ontario Health systems and/or personnel in support of their responsibilities.

1. This form must be submitted by the organization’s Legally Responsible Person (LRP) or their Delegate. The LRP Delegation Form can be found [here](#).
2. Mandatory fields are marked with an asterisk (*)
3. Individuals must be registered in ONE ID before their LRA nomination can be completed. Where “NA” is indicated for the individual’s Login ID, Ontario Health will arrange for their registration.
4. Indicate at least one “System Role” for each LRA. The role(s) selected indicate which activities the LRA is authorized to complete.
5. Submit the completed form via email to ONEIDBusinessSupport@ontariohealth.ca and copy your Ontario Health Lead if applicable.

Hold your mouse over each field for additional details, or review the [form completion instructions](#).

Organization Name*: Indicate the Legal or Operating Name of the Organization sponsoring the LRA(s)

LRP/Delegate: Provide Details Regarding the LRP/Delegate who submits this form

First Name*	Last Name*	Title*
Business Phone*	Email*	

LRA: Provide Details Regarding the Individual Nominated as an LRA

ONE® ID Login ID* (indicate “NA” for individuals who have not been previously registered, remaining fields are optional if Login ID is indicated)

First Name*	Last Name*
Identification Type (Choose Type)*	Identification Number*
Contact Phone*	Contact Email*

Select Role (Minimum 1)*

- ONE® ID LRA ONE® ID ERA Federation Agent ONE® ID LRA for DTE Partner



LRA: Provide Details Regarding the Individual Nominated as an LRA

ONE® ID Login ID (indicate “NA” for individuals who have not been previously registered, remaining fields are optional if Login ID is indicated)*

First Name*

Last Name*

Identification Type (Choose Type)*

Identification Number*

Contact Phone*

Contact Email*

Select Role (Minimum 1)*

ONE® ID LRA ONE® ID ERA Federation Agent ONE® ID LRA for DTE Partner

LRA: Provide Details Regarding the Individual Nominated as an LRA

ONE® ID Login ID (indicate “NA” for individuals who have not been previously registered, remaining fields are optional if Login ID is indicated)*

First Name*

Last Name*

Identification Type (Choose Type)*

Identification Number*

Contact Phone*

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Last Name*

Identification Type (Choose Type)*

Identification Number*

Contact Phone*

Contact Email*

Select Role (Minimum 1)*

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