

Individual Suspend/Reinstate/Revoke Request

Use this form to change an individual's registration or enrolment status

Form Completion Instructions

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

2B - Type of Change and Reason - Select only one Change to Service check box and indicate the reason.

Specify the Service Enrolment to be Changed:

Suspend	<input type="checkbox"/> Suspend Service Enrolment	Anticipated Reinstatement Date (yyyy-mm-dd)
Reason	<input type="checkbox"/> Extended Leave (e.g., sabbatical)	<input type="checkbox"/> Compromised Credential <input type="checkbox"/> Other (specify):
Reinstate	<input type="checkbox"/> Reinstate Service Enrolment	
Revoke Enrolment	<input type="checkbox"/> Revoke Service Enrolment	
Reason	<input type="checkbox"/> No longer works for the organization	<input type="checkbox"/> No longer requires access to the service <input type="checkbox"/> Other (specify):
Revoke Registration	<input type="checkbox"/> Revoke Registration	
Reason	<input type="checkbox"/> The individual no longer wishes to be an active registrant	<input type="checkbox"/> Deceased
	<input type="checkbox"/> Identity documents provided during registration were false	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> The identity has been otherwise compromised (e.g., identity theft)	

Part 3 – Local Registration Authority Information

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