

# Secure File Transfer Service Enrolment

Use this form to enrol an existing registrant for Secure File Transfer

## Form Completion Instructions

Before proceeding with the enrolment request, the user must be registered with an @oneid.on.ca account. If user is not registered, 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](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):

## Secure File Transfer Request (to be completed by eHealth Ontario Representative)

SFT Instance

SFT Role(s)

## Part 3 – Local Registration Authority Information

First Name

Last Name

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