

## eConsult: Registration and Support Form

Please indicate what you would like to do:

- Register for new eConsult account       Assign a delegate(s) to use eConsult on your behalf  
 Request training or support       Other

### 1. General Information

*\*Required*

\*Legal First Name: \_\_\_\_\_ \*Legal Last Name: \_\_\_\_\_

Profession: \_\_\_\_\_ \*CPSO or CNO  
Registration #: \_\_\_\_\_

Organization Name (if not  
applying as sole  
practitioner): \_\_\_\_\_

Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (incl. extension): \_\_\_\_\_ Fax: \_\_\_\_\_

ONE ID or OTN Account  
(if known): \_\_\_\_\_

\*Email to receive eConsult  
notifications: \_\_\_\_\_

Preferred contact email (if  
different from above): \_\_\_\_\_

\*OHIP Billing #: \_\_\_\_\_

### 2. For Specialists (Only Complete If You Are A Specialist)

Area(s) of Specialization and  
Sub-Specialization: \_\_\_\_\_

**Once complete, please forward to:**

**Email: [eConsult@HITSeHealth.ca](mailto:eConsult@HITSeHealth.ca)**

(Cont'd)

**3. Delegate Information (Only Complete If Assigning a Delegate)**

A delegate is a staff member who can be authorized to access eConsult on your behalf. To assign a delegate, please complete the following section.

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address same as practice:

Business Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (incl. extension): \_\_\_\_\_ Fax: \_\_\_\_\_

ONE ID or OTN Account (if known): \_\_\_\_\_

If you would like to assign more than one delegate, please add below:

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address same as practice:

Business Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (incl. extension): \_\_\_\_\_ Fax: \_\_\_\_\_

ONE ID or OTN Account (if known): \_\_\_\_\_

**Once complete, please forward to:**

**Email: [eConsult@HITSeHealth.ca](mailto:eConsult@HITSeHealth.ca)**