## Remote Access to enabled applications is available to all credentialled physicians at the Thunder Bay Regional Health Sciences Centre (TBRHSC)/St. Joseph’s Care Group (SJCG)/North West Health Alliance sites. Access is also available to managers at TBRHSC and SJCG, as well as to select staff with management approval and approved requirement for use.

## For remote access to be granted, information about the computer(s) to be used, the applications required, and the applicant must be submitted on this form. The technical requirements listed below must also be met.

## Secure (encrypted) remote access is available via “Citrix” which requires installation of software on the connecting computer. Once the form is processed, instructions to download and install the Citrix client are emailed to the address provided on this form. A valid personal email address must be provided.

## REQUIREMENTS: Internet connection, Windows 7/8/10, MAC OSX (10.9 or higher) or Apple iPad (IOS 6 or higher) and at least Internet Explorer 11.0 (Windows platform) or Safari 9.x or FireFox 49.x (MAC platform).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information (Please Print Clearly) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | |  | | | | | | | | | | | | | Date: | | |  | |
| Last | | | | | | | | | First | | | | | | | | | | |  | | | | | | |
| Program: | |  | | | | | | | | | | | | | | | | | |  | | | | | | |
| Department | | | | | | | | | | | | | | | | | | | | Position/Title | | | | | | |
| Organization Name: | | | | | | | | | | | | | | | | | | | | Check if Citrix account already | | | | | | |
| Phone: | (     ) | | | | | | | | | | | | E-mail Address: | | | | |  | | | | | | | | |
| Manager Name (Print): | | | |  | | | | | | | | Manager E-mail Address: | | | | | | | | | | | | | | |
| Do you have a Novell Username? | | | | | | | YES | | | NO | | | | If yes, specify? | | | |  | | | | | | | | |
| Manager’s Signature for Staff request | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| For Staff request, please explain requirement | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Select the Application(s) Required | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meditech |  | | PACS: | | |  | 3M | | | | | | | | |  | My Documents | | |  | | | Purkinje | | |  |
| Intranet |  | | Virtuo | | |  | MOSAIQ | | | | | | | | |  | GroupWise | | |  | | | StaffRight | | |  |
| Other (Specify) | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Computer / Device Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Computer: | |  | | | | | | | | | | | | | | | | | | |  | | | | | |
| List all Computers / Devices and the location of use for each | | | | | | | | | | | | | | | | | | | | | Type of Internet Connection | | | | | |
| OS: | |  | | | | | | | | | | | | | | | | | | |  | | |  | | |
| Operating System of each computer | | | | | | | | | | | | | | | | | | | | | # of computers | | | Name of computer (if known) | | |
| Is this a Hospital Workstation? | | | | | | | | YES | | | NO | | | | If yes, specify # | | | |  | | | | | | | |
| Conditions of Use | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I agree to access the system only as required in conjunction with my duties at the Hospitals.  I agree to not reveal my password to any person. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | | | | | | | | | Date: | | |  | |

**INFORMATION TECHNOLOGY SERVICE DESK**

Email [help@tbh.net](mailto:help@tbh.net)

or

Fax (807) 684-5912

or

Phone (807) 684-6411

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| THIS SECTION IS FOR INTERNAL USE | | | | | |
| **Service Desk #** |  | **Date of Completion** |  | **Statistic Logged** |  |