

# APPROACH



Alberta Provincial Project for  
Outcome Assessment in Coronary Heart Disease

## **REQUEST for ACCESS to APPROACH**

*Fax completed form to the number below and a new account/password will be emailed to the User.*

Calgary Office: Fax: 403-210-9837

**Date:** \_\_\_\_\_ **Date Access Required:** \_\_\_\_\_

**Circle One:** Create Acct   Reset Password   Name Change   Deactivate Acct   Site Change

**New User** (please print): **Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**For Name Change** (Please Provide Previous Name): \_\_\_\_\_

**Site / Location:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**PH:** (\_\_\_\_) \_\_\_\_\_ **Work Email:** \_\_\_\_\_

**Your password will be sent to this email address**

- Role:**
- Anesthesiologist
  - Angiographer
  - Cardiologist
  - Family Physician
  - Internist
  - Intensivist
  - Interventionalist
  - MPI Physician
  - PCI Fellow
  - Resident / Fellow

- Surgeon
- Admin Assistant
- Administrator
- Admission Admin
- Admission\_Nurse
- Admission\_Unit Clerk
- Cath Lab Admin
- Cath Lab Nurse
- Cath Lab Tech
- Nuclear Admin

- Nuclear User
- Nurse Navigator
- Nurse Practitioner
- Research Coordinator
- Student
- Surgery Admin
- Surgery User
- Surgery Perfusionist
- Other: Specify: \_\_\_\_\_

**Authorizing Personnel:** (Please Print and Sign)

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Ph:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

### FOR APPROACH use ONLY

**Approval Granted:**

**Date of Approval:**

**APPROACH ID #**