eHealth CyberSanté NB
Electronic Health Record
Dossier de santé électronique

CONNECTED CARE ACCESS REQUEST FOR ZOOM FOR HEALTHCARE

Tab to go from one field to another or click on the grey box beside each item.
Please submit the completed form to: ConnectedCare@gnb.ca

1. USER INFORMATION – to be completed by the requester

☐ **I represent that the information provided here is true and accurate, and that I am a practicing member in good standing with my professional association or college.**

a. Full Name	
b. Language of choice	☐ ENGLISH ☐ FRENCH
c. Job Title / Discipline	
d. Specialty	
e. License or Registration Number	
f. Employer	
g. Phone	
h. E-mail address (Enter the email address to which you want to receive any communication.)	
i. Main Work Location – facility/clinic name and City (If you work in more than one practice, provide name for the one where you spend the majority of your work hours.)	
j. If in Private Practice, do you also work in an RHA, GNB or EMANB facility?	☐ YES ☐ NO
If yes, provide: Facility/hospital name	
k. UserId :used to access RHA and/or GNB applications)	
l. Are you currently in self-isolation?	☐ YES ☐ NO
m. Is this for direct patient care?	☐ YES ☐ NO
n. Primary device details (If RHA, GNB, SNB, or EMANB, indicate Device Number on asset sticker)	☐ RHA ☐ GNB ☐ EMANB ☐ Personal Device Number on asset sticker:

o. Service Area (select one only)

- ☐ Addictions & Mental Health
- ☐ Audiology
- ☐ Chronic Disease Management
- ☐ Community Health
- ☐ Nursing Home
- ☐ Nutrition
- ☐ Occupational Therapy
- ☐ Physiotherapy
- ☐ Private Office
- ☐ Speech Language
- ☐ Other (specify):