



NSH Continuing Care and SLTC PathWays User Access Request Form

Please complete this form and follow the steps as outlined on the [Resources](#) web page, PathWays Support Reference Sheet for non-nshealth email users or nshealth email users (as applicable).

Someone will follow up regarding your request within one business day.

Request Type

- New user Remove user Change to an existing user (provide details of change(s) below)

User Information

First Name:

Last Name:

Email Address:

Same As User: (if

applicable, enter the name of user who already has the exact same access you are requesting)

Zone Access (check all that apply)

- Central Eastern Northern Western

Role

- Coordinator Clerk Analytics SLTC Super User
 Continuing Care Management Service Delivery Support Team

Access Within Role (check all that apply)

- Notifications (Email) Alerts Acting as Provider Read only
 Reports and Stats Escalate Actions

Approval

**User requests for those with @nshealth emails must be signed by the approver from the assyst access request. User requests for SLTC team members require SLTC Management signature.

Approver Name:

Signed by:

On (date):