



PathWays User Request Form v1.0

Please complete this form and follow the steps as outlined on the [resources](#) page for non-nshealth email users or nshealth email users (whichever applies). 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:

Facility Information

List facility(ies) to add user access to (please use facility names as they appear in PathWays):

List facility(ies) to be removed from access (please use facility names as they appear in PathWays):

Role:

Admissions/Discharges

Reports and Stats

Read Only

Alerts

Notifications (Email)

Approval

**Signature of Administrator required. When access to more than one facility is requested, it must be approved by the Administrator from each facility.

Administrator Name:

Signed by:

On (date):