



REQUEST for ACCESS to APPROACH ONLINE

Upload the completed form to: <http://help.approach.org>

OR Email to: support@approach.org

***Please print clearly to avoid delays in receiving your User Account Access**

Date: _____ Date Access Required: _____

Circle one: **Create** **Name Change** **Deactivate Account** **Site Change**

Name (please print): Last Name: _____, First Name: _____

AHS username: _____

Work Phone: _____ Work Email: _____

Note: Your password will be sent to the email address provided

Primary Site/Facility: _____ Unit: _____ Clinic _____

Job Title/Occupation: _____

Describe what Position and Role you have? (I.e. Admission Nurse, Physician (type), Unit Clerk, Cath Lab, Admin Secretary, Nuclear Tech, CT Tech, Researcher etc.)

Secondary Site: _____ Unit: _____ Clinic _____

Will you enter Data into APPROACH? Yes No

If Yes, please tick beside the modules you enter into.

- Patient
- CathLab Referral Cath Procedure PCI Procedure
- Surgery Referral Surgery Procedure
- Admission Navigation
- CT Referral CT Nuclear Test Referral Nuclear Test
- THV Referral THV
- Heart Rhythm Devices Referral Heart Rhythm Devices
- If anything else, please specify _____

Site Authorizing Personnel:

Name: _____ Title: _____

Phone: _____ Email: _____

Authorized Signature: _____

FOR APPROACH USE ONLY

Approval Granted by: _____ Date of Approval: _____