



IMAGETREND INC.



Rescue Bridge



### ePCR Security Registration Form

Check the appropriate box(s):	<input type="checkbox"/> Service Admin	<input type="checkbox"/> Hospital User
	<input type="checkbox"/> Remove User	<input type="checkbox"/> Update User

#### Main User Information – Required for all access requests

First Name           Last Name

Organization \_\_\_\_\_ County: \_\_\_\_\_

Department: \_\_\_\_\_ (ie: OPS, CQI, IT)

Agency/Hospital name: \_\_\_\_\_

Agency Type: \_\_\_\_\_ (ie: hospital, ambulance, fire, other type)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Work Email Address: : \_\_\_\_\_

#### Requesting access to the following:

<input type="checkbox"/> Hospital Dashboard	<input type="checkbox"/> Field Bridge
<input type="checkbox"/> Report Writer	<input type="checkbox"/> List Additional Services _____

#### Required only for Field Bridge access

Certification # \_\_\_\_\_ Certification level \_\_\_\_\_

EMP ID# \_\_\_\_\_

#### Authorization

Print Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agency Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SBC EMS Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:**

Updated: May 23, 2014

Please have your direct supervisor sign this form and send the completed form to [ems@sbcphd.org](mailto:ems@sbcphd.org) for processing.