



**CUMMING SCHOOL OF MEDICINE
UNIVERSITY OF CALGARY MEDICAL GROUP
UCMG Transcription Services**

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Note: all sections must be completed.

USER PROFILE FORM - Part A

Are you a UCMG Member?	Yes	No	
If Yes, are you:	Major Clinical Member	GFT	Associate Member

PHYSICIAN NAME:			
PHYSICIAN EMAIL:			
SIGNATURE LINE(s): (including credentials)			
OFFICE:	ADDRESS:		
	PHONE:		
	FAX:		
SITE: (FMC/building, ACH, PLC, RGH, SHC, SMC, SMCHC, RRDTC, OTHER)	CLINIC NAME:	PHONE:	FAX:

Signature Authentication Options (check one of the following):

Electronic Authentication (eSignature): \ k Dictated But Not Read (DBNR/Non-eSig):
 Physicians who have signed the SCM/h h -ISF and Netcare/P P
 A -Netc will have their reports uploaded to both SCM and Netcare. Physicians must review
 the Information Sharing Framework (ISF) documents prior to signing both agreements (see attached list).

Physician's Signature

Date

*If more room is required for Clinics, please fill out two forms.

Office Use Only		
Speaker Code: _____	Upload Authorization Forms Received SCM/PPA-ISF: Netcare/PPA-Netcare:	Other info: _____ _____ _____
eSig: DBNR/Non-eSig: NetScript ID: _____ NetScript PW: _____	Clinic Codes: _____ _____ _____	Initials: _____ Date: _____