UNIVERSITY OF CALGARY

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): ☐ ***hw*** **Dictated But Not Read (DBNR/Non-eSig):** ☐

Physicians who have signed the SCM/tKèǎlǒΛl·y´tl·ℕúΛǒΛLJl·úΛ2y´ !ƎℕŜŜY´Ŝyű-ISF and Netcare/PKèǎlǒΛl·y´Pl·ℕúΛǒΛLJl·úΛ2y´ AƎℕŜŜY´Ŝyű-Netcl·ℕŜ Ŧ2ℕY´ă 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:* _____