

CARDIAC CARE NETWORK



CCN Registry User Access Request Form

Please submit form to newusers@ccn.on.ca

Name of Applicant:

Email address of Applicant:

Phone number of Applicant:

Role of Applicant

Coordinator

Data Clerk

Decision Support

Other

Main area of practice (e.g. Cath/PCI, Surgery, Heart Rhythm, TAVI, Vascular)

Hospital Name

Access required for:

CCN-Cardiac Registry

CCN- Vascular Registry

CCN-CRS (Universe)

Reason access is required

Active Cardiac Access Management/Vascular Management

Data Entry Support

Decision Support (Please specify area) _____

Other