Congratulations, you are ready to begin HSP testing! Before you complete and submit this form, please ensure that you have the most current version of your Client Management System (CMS) which should integrate with the CBI database. **If you are unsure, please contact either your vendor or the CBI Project Team.**

Once you have completed this form, please save it to your computer and send it as an attachment to [cbisupport@reconnect.on.ca](mailto:cbisupport@reconnect.on.ca) with the subject “HSP Testing Credentials Request Form”

If you have any questions please feel free to contact us by email at [cbisupport@reconnect.on.ca](mailto:cbisupport@reconnect.on.ca)

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| --- | --- | --- | --- | --- |
| **General Information** | | | | |
| Organization (HSP) Name: Click here to enter text. | | | Vendor Name: Click here to enter text. | |
| Organization ID #\*:Click here to enter text. | | | Software Name: Click here to enter text. | |
| **HSP Address** | | | | |
| Street Address 1: Click here to enter text. | | | | |
| Street Address 2: Click here to enter text. | | | | |
| City: Click here to enter text. | Province: Click here to enter text. | | | Postal Code: Click here to enter text. |
| **Staff Contact Information** | | | | |
| Executive Sponsor | | | | |
| Name: Click here to enter text. | | Phone: Click here to enter text. | | Email: Click here to enter text. |
| Privacy Officer | | | | |
| Name: Click here to enter text. | | Phone: Click here to enter text. | | Email: Click here to enter text. |

\*If you are unsure about your Organization ID number, please contact Reconnect at [cbisupport@reconnect.on.ca](mailto:cbisupport@reconnect.on.ca) or the TC LHIN