



Employer Access Form

Use this form to identify an organization (and its representative) that require an Employer view to the PSW Registry of Ontario.

1. All fields are mandatory in this form.
2. This form must be signed by a PSW Registry Office Registration Authority (RA).
3. The Administrator processing this request must submit the completed form via email to pswr_support@uhn.ca.

Organization Information	
Organization Name:	
Organization Access Email:	
Representative First Name:	Representative Last Name:
Title:	Email:

Registration Authority

Name:	Signature:	Date:
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Processing Administrator:

Name:	Signature:	Date:
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Instructions for Employer Access Form

Organization Information

Organization Name	Enter the name of the organization that requires Employer Access to the PSW Registry of Ontario.
Organization Access Email	Enter the email to be used to log into the PSW IT Registry System.
Representative First Name	Enter the representative's first name as it appears on your government-issued identity documents.
Representative Last Name	Enter the representative's full last name as it appears on your government-issued identity documents.
Title	Enter the title used before your surname or full name, or your professional title.
Email	Enter the email to be used to contact the organization's representative