

Request Form for ArcGIS License

Reason for request:

- Require new ArcGIS license (complete table A and C)
Requested license option: _____
- Termination of an existing ArcGIS license (complete table B)
- Other (indicate reason for request and complete table A and C)

License Options

Viewer - Ideal for members of an organization who need to view application content.

Editor – Ideal for users who need to view or edit data.

Data Submitter - Ideal for users who will submit data through field apps. License type; Mobile Worker.

A. New User Information

- New user must sign compliance statement on page two.
- On activation of license, the new user will receive an invitation email with activation link* from the ArcGIS Online system and an email from SharedHealthGIS with user information. *Activation link will expire after 14 days.

SDO	
First name	
Last name	
Job title	
Email	
Phone	
Program/department	
Facility name	
Facility address	
Date required	

B. Terminated User Information

- Termination of license confirmation will be sent to the individual indicated within five business days of the requested cancellation date.

SDO	
First name	
Last name	
ArcGIS User ID	
Job title	
Email	
Program/department	
Facility name	
Date for cancellation	
Email of individual to notify request is completed	

C. Authorized Sponsor/Manager

- To process this request, an authorized sponsor or the individual's manager must complete the below table.

Name	
Job Title	
SDO	
Email	
Phone	
Date	
Signature	

Compliance Statement for Use of ArcGIS

This form is to be completed by all users who will access the Shared Health ESRI system services; including Shared Health GIS data, maps and applications.

Please sign and submit to SharedHealthGIS@sharedhealthmb.ca. Incomplete forms will be returned to the requestor and will result in processing delays. Once the completed form has been received, your request will be completed within five business days.

By signing my name below, I acknowledge and agree to the following:

1. I acknowledge the paramount importance of the security of the GIS network. I recognize that in order to maintain that security, I will not share my account or password with other individuals.
2. I will be locked out of my account after 5 consecutive failed login attempts within a 15-minute period. The lockout will last 15 minutes.
3. Without exception, I will follow all applicable Services Delivery Organization policies, Digital Health standards and guidelines surrounding the protection of personal health information, personal information, corporate information and intellectual property.
4. I am responsible for notifying SharedHealthGIS@sharedhealthmb.ca if I no longer require license access or if I leave the organization.
5. The GIS Specialist can immediately cancel my license in the event of a potential breach or suspected breach of a license.
6. Emergency and Continuity Management will perform a yearly audit of licenses in the ESRI system. If an account is found to be inactive for more than 180 days on performance of the audit, license access will be ended.

I, as the intended user of a GIS license, have read and understand the above statements.

Name	
Signature	
Date	

Questions?

Contact SharedHealthGIS@sharedhealthmb.ca