

**ITRANS Clinical Document Service – For Regulatory Authority****PLEASE FILL OUT AND  
FAX TO: 613-736-8030****REGULATORY AUTHORITY INFORMATION**

Name of Regulatory Authority: \_\_\_\_\_

Name of Staff Member: \_\_\_\_\_

Web Site: \_\_\_\_\_ Tel: \_\_\_\_\_

Send ITRANS Digital Certificate Issuance and Expiry notices to the following email:  
\_\_\_\_\_

Send important ITRANS administrative notices to the following email: \_\_\_\_\_

**CERTIFICATE PASSWORD DELIVERY**

Please note: Should the fax method of delivery not be authorized CSI will mail the password information.

Address: \_\_\_\_\_  
STREET CITY PROVINCE POSTAL CODE

Authorized Contact(s): \_\_\_\_\_

↳ Person(s) that you authorize to have access to the password for your ITRANS Digital Certificate.

**FAX DELIVERY CONSENT**

Authorizing fax delivery releases Continovation Services Inc. of any security liability. The named signing officer acknowledges that this method of transport may not be secure and the private information contained in this communication may ultimately be viewed by a third party or lost in transport. This authorizes Continovation Services Inc. to send password information via fax upon request from an authorized contact from this day forward.

Signed By: \_\_\_\_\_ Fax: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*NO STAMPS PLEASE\***

Please Note: Should the fax method of delivery not be authorized Continovation Services Inc. will mail the password information.

**PAYMENT OF FEES**

ITRANS Clinical Document Service annual access fee: No Charge

**PRIVATE INFORMATION CONSENT**In order to provide you with ITRANS™ transaction and messaging services and the issuance of an ITRANS digital trust certificate, it is necessary for Continovation Services Inc. (CSI) to collect, retain, use, disclose and share your information with the following parties: Health Care Service Providers. I authorize CSI to collect, retain, use, disclose and share my information, and any other information necessary to provide the services hereunder to you. CSI's privacy statement is available at [www.continovation.com](http://www.continovation.com).Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**\*MANDATORY - NO STAMPS PLEASE\***

Authorizing Registrar: \_\_\_\_\_ (Please print name)

Authorizing Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**\*MANDATORY - NO STAMPS PLEASE\*****Questions? Call the ITRANS Help Desk at 1 866 788 1212**