

Good day,

Please read the following guidelines carefully

Any requests that do not comply with these guidelines will be rejected and you will have to submit a new request.

APPLICANT'S GUIDELINES

1. **Complete one form per "type" of request**
2. Save the form (**save-as**), in the current format, by renaming it with your coordinates (first and last name_institution_type of request - e.g.: Patricia Paré CIUSSSE-CHUS).
3. Complete **Section A - Applicant**
4. Insert your signature (**.jpg format**) using the icon and the date of the request
5. Complete sections **B, C, D or E** based on the type of request
6. Save the form
7. Return the form, duly completed, by email to the following address msi.cess@ssss.gouv.qc.ca, making sure to indicate the type of request **in the subject line** (e.g.: Video request)

IMAGE request:
<ol style="list-style-type: none"> 1. Complete section B 2. Insert each image requested using the icon and resize in their intended space (selecting the outer corner) 3. Indicate the "Title of the OCP" 4. Select the topic corresponding to the image 5. Indicate the total number of images requested
VIDEO request:
<ol style="list-style-type: none"> 1. Complete section C 2. Indicate the "Title of the video" 3. Select the topic corresponding to the video 4. Indicate the total number of videos requested
DOCUMENT request:
<ol style="list-style-type: none"> 1. Complete section D 2. Indicate the "Title of the document" 3. Select the topic corresponding to the document 4. Indicate the total number of videos requested
OTHER requests:
<ol style="list-style-type: none"> 1. Complete section E 2. Specify what is your "Other" request 3. Select the topic corresponding as needed

Thank you, your request will be processed as soon as possible!

The OCP Team

Miscellaneous request form – Online Care Procedures (OCP)

SECTION A : APPLICANT

First and last name:		
Title:		
Email:		
Phone:		Ext.
Institution:		
Type of request:	Sélectionner un type	
Other, specify:		
Intended use/distribution:		

I understand and I agree that:

- The requested information is used for educational purposes, training and clinical use in the Quebec health network **within our institution only.**
- The "Applicant", including all persons from the cited institution, have no use/distribution rights other than the type requested and mentioned above.
- Notwithstanding the signing hereof, the Centre d'expertise en santé de Sherbrooke retains and reserves all rights, including copyrights on the images and the Online Care Procedures.

Applicant's signature:

Date of signature:

AUTHOR'S PERMISSION

I hereby consent and grant the present individuals, for a period of one-year, express permission to use the informations cited in sections B, C, D and E that are included in the **Online Care Procedures (OCP)** platform. This agreement will be tacitly renewed each year unless otherwise specified. The information will be made available by the Centre d'expertise en santé de Sherbrooke (non-profit organization):

CESS representative's signature: OCP clinical advisor and coordinator Martine Longtin, inf. M. Sc	Date:
Note:	Date:

SECTION B: IMAGE

INSERT IMAGE(S)	TITLE OF OCP(s)	TOPIC
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Number of images requested:	TOTAL	

SECTION C: VIDEO

VIDEO TITLE(S)	TITLE OF OCP(S)	TOPIC
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Number of videos requested:	TOTAL	

SECTION D: DOCUMENT

	DOCUMENT TITLE(S)	TITLE OF OCP(S)	TOPIC
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
	Number of documents requested:	TOTAL	

SECTION E: OTHER

	DETAILS OF THE REQUEST(S)	TITLE OF OCP(S)	TOPIC
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
	Number of documents requested:	TOTAL	