



**CUMMING SCHOOL OF MEDICINE  
UNIVERSITY OF CALGARY MEDICAL GROUP  
UCMG Transcription Services**

G010 HSC 3330 Hospital Drive NW, Calgary AB T2N 4N1

Phone: (403) 592-5200  
Fax: (403) 270-0805  
Email: [ucmgtrans@ucalgary.ca](mailto:ucmgtrans@ucalgary.ca)

*Note: all sections must be completed.*

**TRAINEE USER PROFILE FORM**

<b>Select one:</b>	UME Level:	PGME Level:	Other:	
<b>TRAINEE NAME:</b>				
<b>TRAINEE EMAIL:</b>				
<b>SIGNATURE LINE(s):</b> <i>(including credentials)</i>				
<b>OFFICE:</b> <i>(contact information)</i>		<b>ADDRESS:</b>		
		<b>PHONE:</b>		
		<b>FAX:</b>		
<b>SITE: (FMC/building, ACH, PLC, RGH, SHC, SMC, SMCHC, RRDTC, OTHER)</b>		<b>CLINIC NAME:</b>	<b>PHONE:</b>	<b>FAX:</b>

*Preceptor Use Only:* **PRECEPTOR NAME:**

<b>Please select one of the following document access levels for your trainee:</b>		
	Dictate, Review, Edit	Allows trainee to review and edit dictated reports. Preceptor can electronically sign the report at any time, which initiates distribution.
	Dictate, Review, Edit, Sign <i>(trainees with their own caseload)</i>	Allows trainee with his/her own caseload to review, edit, and electronically sign their dictated reports. Preceptor can be copied on reports. Trainee must review the Information Sharing Framework (ISF) documents prior to signing both the SCM/PPA-ISF and Netcare/PPA-Netcare Agreements to have reports uploaded to both SCM and Netcare. <i>(see attached list)</i>

\_\_\_\_\_  
**Trainee's Signature**

\_\_\_\_\_  
**Preceptor's Signature**

\_\_\_\_\_  
**Date**

<i>Office Use Only</i>		
Speaker Code: _____	Clinic Codes: _____ _____ _____	Other info: _____ _____ _____
NetScript ID: _____ NetScript PW: _____	Upload Authorization Forms Received SCM/PPA-ISF: Netcare/PPA-Netcare:	Initials: _____ Date: _____

*\*If more room is required for Clinics, please fill out two forms.*