

INTRODUCTION

Information Technology Services (ITS) realizes that for Staff it can be difficult to manage user account passwords. To help deal with this issue, ITS is allowing users to set up a series of security questions that can be used when phoning the ITS Service Desk. Correctly answering these questions will verify the identity of the user on the phone without requiring secondary, written endorsement from an Approved Source.

POSITION TYPE (Check One):		<input type="checkbox"/> Physician	<input type="checkbox"/> Resident	<input type="checkbox"/> Clerk	<input type="checkbox"/> LifeLabs
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Other			
_____ <i>Employee Number</i>	_____ <i>Department</i>	_____ <i>Position & Department</i>			
_____ <i>Name (Last Name, First Name) – please print</i>		_____ <i>Signature - Enter in a Digital Signature or Print the form and sign it</i>			
_____ <i>Educational Facility/Company (if applicable)</i>		Have you ever been an SHA Employee? <input type="radio"/> Yes <input type="radio"/> No If Yes please enter in the year: _____			

APPROVED SOURCE

Not required when User Verification Questions submitted from **user's own** SHA email Account.

_____ <i>Name (Last Name, First Name) – please print</i>	_____ <i>Position & Department</i>
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USER AGREEMENT

In signing this document, I agree:

- To provide **meaningful** answers to at least four (4) verification questions below. (Answers will not all be the same)
- To provide the correct answers to a minimum of two (2) of these questions when asked for them.
- Not to share my questions and answers with anyone.
- If I am unable to provide correct answers or my information recorded in ITS records is not current, I will have to contact an Approved Source to verify my identity, resubmit this form, and / or update the information recorded with ITS.

QUESTIONS AND ANSWERS

Please choose at least four (4) different questions to provide answers to. **One-word answers are recommended.** (If you do not wish to download Adobe Reader print the form and choose questions to answer, if using Adobe Reader additional questions are available via a drop-down menu.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. Enter in Your Own Question and Answer

FORM SUBMISSION

This form must be signed by the user, then scanned (if not digitally signed) and emailed from the appropriate email to ITS Security (itssecurity@saskatoonhealthregion.ca). Email's not coming from a SHA email account will be rejected, (if you do not currently have access to your SHA email please have your Approved Source submit for you. (Example: Physician can have Practitioner Staff Affairs send the form in for them.)

IMPORTANT NOTE Forms must be signed and submitted via email to be processed.