



**USER ID REQUEST FORM**

**A. USER INFORMATION**

Type of Request:	<input type="checkbox"/> New <input type="checkbox"/> Reset password	<input type="checkbox"/> DE-activation <input type="checkbox"/> Change Department/Location/Discipline	
Name:			
IC No:			
Designation:			
	<input type="checkbox"/> Permanent	<input type="checkbox"/> Houseman/Student	<input type="checkbox"/> Temporary
Department:	Current department : New Department :	Effective date :	
Contact No:			
Email Address:			

**\*For Consultant/Specialist Medical Officer / Houseman /Pharmacist**

Prescriber Type:	<input type="checkbox"/> Resident	<input type="checkbox"/> Visiting	<input type="checkbox"/> Part-time
Discipline:			
Prescriber Category:	<input type="checkbox"/> Consultant/Specialist	<input type="checkbox"/> Medical Officer /HO	<input type="checkbox"/> Pharmacist
Registration No:			
Qualification:			
Joint Date:			
Validity (for contract & houseman)			

**B. HEAD OF DEPARTMENT ENDORSEMENT**

Name:	
Designation & Signature :	
Date:	

**C. ADMINISTRATOR**

Login Name:	Created/Updated by:
	Date:

**D. USER ACKNOWLEDGEMENT**

I hereby understand and agree to the term set forth in Pharmacy Information System (PhIS) Guideline and I shall not share my user ID. If I were found to misuse the user ID, disciplinary action shall be taken on me.	
Name:	
Designation/Stamp:	Date:

Diisi oleh Unit Teknologi Maklumat

Diserah kepada pengguna selepas pendaftaran User ID PhIS

Name	
No IC	
Jabatan/ Unit	
User name	
Password	