

## Authorized Approver Delegation for the biannual review

*This form is intended to be used by an Authorized Approver to delegate audit responsibility to another PROMIS user for the purpose of completing the biannual review. The delegated auditor will review current user access and will submit the online form to PROMIS to request user access changes as required. Please note that this delegation only permits auditors to indicate removal of access as part of the biannual review. Granting of access privileges can only be done by an authorized approver. Please specify for which management centre(s) you are delegating biannual audit responsibility.*

I wish to delegate audit responsibility for a single audit period as specified:

I wish to delegate audit responsibility for this and subsequent audit periods, until I notify otherwise.

First - Name:

Last - Name:

Work Phone:

Extension:

Work Email:

Work Location (name of hospital, office, clinic):

Position / Job Title:

Management Centres/Program:

Authorized Approver Signature:

Date signed:

I authorize the individual named below to audit access to the PROMIS system for all the users in the management centre(s) specified on my behalf. I understand that I am accountable for all changes made (or not made) to a user(s) account by my delegated reviewer for this audit.

I agree to audit PROMIS user access for the management centre(s) and programs named above. I understand that I am responsible for identifying users accounts that no longer require access to the management centre(s) and programs that I am auditing, and will promptly notify the PROMIS Team of any changes required.

### Delegate Auditor:

First and Last Name:

Date signed: