Good day,

Before submitting an image request, **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.

**Guidelines**:

1. Save the form (save-as), **in Word format** (current format), by renaming it with your name and the name of your institution (ex: Patricia Paré CIUSSSE-CHUS).
2. Complete the required fields in the “Applicant” section.
3. Insert each image requested using the icon.
4. Indicate the “Title of the OCM”.
5. Select the theme corresponding to the image.
6. Insert your signature (.jpg format) using the icon and the date of the request.
7. Save the form.
8. Return the form, duly completed, by email to the following address, making sure to indicate “Image request” in the subject line: [msi.cess@ssss.gouv.qc.ca](file:///C:\Users\CentreExpertiseEnSan\Downloads\msi.cess@ssss.gouv.qc.ca)

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

The OCM Team

**Online Care Methods (OCM) image request form**

|  |
| --- |
| AUTHOR’S PERMISSION |
| I hereby consent and grant the present individuals, for a period of one year, express permission to use the images from the platform (see pages 3 and 4) that are included in the *Méthodes de soins informatisées (MSI)* software. This agreement will be tacitly renewed each year unless otherwise specified. The images listed in the appendix will be made available in electronic format by the Centre d’expertise en santé de Sherbrooke (non-profit organization): |
| CESS representative’s signature:  Martine Longtin, inf. MSc Conseillère clinique et chef d'équipe aux MSI  Date of signature : Date. |
| OCM Team - Centre d'expertise en santé de Sherbrooke 500 rue Murray, bureau 900, Sherbrooke, QC J1G 2K6  [msi.cess@ssss.gouv.qc.ca](mailto:msi.cess@ssss.gouv.qc.ca) |

|  |  |
| --- | --- |
| APPLICANT | |
| 1. Institution: |  |
| 1. First and last name: |  |
| 1. Title: |  |
| 1. Email: |  |
| 1. Phone: | ext. |
| 1. Type of distribution/intended use: |  |
| I understand and accept that :  These images are 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 distribution rights other than the type requested and mentioned above (question no. 6).  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 Methods. | |
| Applicant’s signature:  Date of signature: Date. | |

**Online Care Methods (OCM) image request form**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s first and last name: | |  | |
| **INSERT THE IMAGE** | | **TITLE OF THE OCM** | **THEME** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
|  | Number of images requested:    IN TOTAL | | |

**Online Care Methods (OCM) image request form**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s first and last name: | |  | |
| **INSERT THE IMAGES** | | **TITLE OF THE OCM** | **THEME** |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |
| **13** |  |  |  |
| **14** |  |  |  |
| **15** |  |  |  |
| **16** |  |  |  |
|  | Number of images requested:    IN TOTAL | | |