

## ROMEIO Investigator Profile – Registration Form

1. Please return form to [research@iwk.nshealth.ca](mailto:research@iwk.nshealth.ca) for processing by the IWK or [nsharomeo-systemadmin@nshealth.ca](mailto:nsharomeo-systemadmin@nshealth.ca) for processing by NS Health with the email subject line "**ROMEIO - New User.**"
2. You will receive an automated email titled "**Researcher Portal Registration Confirmation.**" Follow the directions to reset your password.

1. Prefix of choice (i.e. Dr., Mrs.)
2. Last Name:
3. First Name:
4. Current Position:
5. Email address:  
*\*\*Please use business or university email only*
6. PRIMARY institutional affiliation (choose one):  
IWK Health Center  
Nova Scotia Health  
Dalhousie University  
Other:
6. Department and/or Division of PRIMARY affiliation:
7. Address of PRIMARY affiliation:
8. SECONDARY Institutional affiliation (choose one):  
IWK Health Center  
Nova Scotia Health  
Dalhousie University  
Other:
9. Department and/or Division of SECONDARY affiliation: