|  |
| --- |
| **Coordonnées du Centre de Ressources et de Compétence des****Maladies Hémorragiques Constitutionnelles (CRC-MHC)** |
| Nom du médecin en charge du patient : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ Adresse postale : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Téléphone contour (*heures ouvrables*) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_Adresse de courrier contour \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_  |
| *Nom/ prénom**de la personne qui demande les codes de connexion* | Téléphone contour | Adresse de courrier contour |
|  |  | \_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_.fr |
| **Coordonnées du Pharmacien d’officine** |
| Adresse postale : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ Téléphone contour \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ Adresse de courrier contour\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_*Nom du pharmacien référent* : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_Téléphone contour \_ \_ \_ \_ \_ \_ \_ \_ \_Adresse de courrier contour\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_***Numéro RPPS du pharmacien référent*** : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| **Accès à la Formation** |
| Se connecter sur : <https://hemoweb.fr/hemophar>Votre Identifiant : (Prénom [espace] Nom) *avec une majuscule à chacun et sans les accents* : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Votre Mot de passe : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Réalisation de la formation** |
| Date d ’envoi des codes de connexion  : I\_\_I\_\_I/I\_\_I\_\_I/I\_\_I\_\_I |