

# Northern Health's Learning Management System: The LearningHub

The LearningHub will be a one-stop learning management system that will:

- Increase access to online materials
- Implement course standardization, allowing for high-quality content and consistent course design
- Enable staff to track and take ownership of their education
- House all learning in an easy-to-use and accessible format

Northern Health staff, physicians, midwives, and students will access the LearningHub from any computer with internet access.



## Physician: Instructions to create an account in PHSA Learning Hub.

The link for the Learning Hub is: <https://learninghub.phsa.ca>

1. When you arrive at the site, choose "Sign up for an account".



2. Fill in your information and click 'Create Account'

**LearningHub**

**Create your LearningHub Account**

**Name \***

**Email address \***   
Please use a health organization or school email address if possible

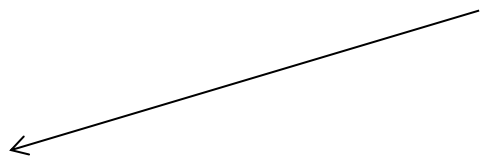
**Confirm Email \***

**Password \***

**Verify password**

**CREATE ACCOUNT**

[Already have an account?](#)



3. You will be sent an email confirmation.

An email confirmation has been sent to your email address John.Doe@gmail.com. Please follow the link in the email to complete the sign up.

**RESEND ACTIVATION EMAIL**

4. Click on the link to complete your account creation.

## LearningHub

Please verify your email by clicking the link

Alternatively, copy this address and open it with a web browser <https://accounts.bclearninghub.ca/Account/ConfirmEmailVerification?token=c1d207c5-cfea-4f7f-b548-74bfa6177ee1&returnUrl=~%2F>

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This is an automatically generated email, please do not reply to this email address.

5. Scroll to the bottom and choose 'I agree'.

By registering a new account, you will have access to the LearningHub and Leadership LINX systems. You will need to consent to the following in order to create your account.

**Consent to register for an account**

By accessing this system, I agree to the following:

I understand and acknowledge that (i) any personal information I submit to or post on Leadership LINX and (ii) my activity and the dates and times that I access Leadership LINX is recorded in the database in Canada.

I understand and acknowledge that (i) my name, e-mail address and job title, (ii) Leadership LINX profile and activity and; (ii) any text, images, documents or other items I post or display in discussion boards and other open forums will be accessible to and viewable by other users and third party program administrators.

I have read and understand the [Disclaimer](#), [Terms of Use](#), [Privacy Policy](#) and [Acceptable Use of Electronic Systems Policy](#).

\* May include Provincial Health Services Authority, Fraser Health Authority, Interior Health Authority, Northern Health Authority, Vancouver Coastal Health Authority, Vancouver Island Health Authority, Providence Health Care and First Nations Health Authority

Please scroll to bottom to accept consent








**I AGREE**

6. Choose your role and the health organization you work with and choose 'Continue'.

**What best describes your role in the organization?**  
Choose an account type that best fits your position

<b>Health Organization Employee</b> Fulltimes, part-times or casuals including nurses and Allied Health professionals	<b>Affiliate/Contractor</b> Employees of contracted or affiliated Health Care service provider	<b>Medical Staff</b> Physician, dentist, midwife, nurse practitioner, maxillofacial surgeon <input checked="" type="checkbox"/>
<b>Student</b> Currently enrolled as a student in a health care related discipline	<b>Volunteer</b> Provide volunteer services in a health care setting	<b>General Public</b> Public users that do not work for any health organizations

**What health organization do you work or affiliate with?**  
Choose an organization that you primary work with

			
 <input checked="" type="checkbox"/>			

[My health organization is not listed](#)

**CONTINUE**

7. Add your information and choose 'Complete Profile'.

**northern health**  
the northern way of caring

Name \*

Alternate Work Email

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**Work Information**

Department

Job Title \*

Medical Staff Role \*

Professional ID \*

E.g. CPSID (Physician), CMBC Reg# (Midwife), CRNBC Reg# - (Nurse Practitioner)

Facility/Site

Contact Number

Manager

Manager's Email

**COMPLETE PROFILE**