



**Note to Supervisor, OIC, or Department Head:**  
 You must complete this form prior to staff member having access to any programs below. This form must be PRESENTED to IMD TRAINING at the time of attending any CHCS or AHLTA class.

**REQUEST FOR IT SERVICES & COMPUTER TRAINING**

Date: \_\_\_\_\_

UIC: \_\_\_\_\_

Name (Last, First, MI)			Rank/Rate	SSN (Last four digits only)	DOB
PRD	Service Branch	Occupation/Provider Specialty	Work Location		Work phone
E-Mail Address					

**Please check:**

<input type="checkbox"/> Fleet User	<input type="checkbox"/> LIMDU/Work Share/TAD/Other (List)
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**Check status:**

<input type="checkbox"/> Active Duty	<input type="checkbox"/> Reserve	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other (list)
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**Check duties/role:**

<input type="checkbox"/> Provider	<input type="checkbox"/> Nurse	<input type="checkbox"/> Support / Tech	<input type="checkbox"/> Clerk	<input type="checkbox"/> Other (list)
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\*\*\*\*\* **SUPERVISORS: PLEASE READ BEFORE RECOMMENDING SERVICES!!** \*\*\*\*\*

*Prospective user must complete a SYSTEM AUTHORIZATION REQUEST – NAVY (SAAR-N) and sign the form before you recommend approval. By signing this form, you certify that the individual has met those criteria.*

**I request the following services (as applicable) be established for the above individual. Individual is authorized to use services requested in the performance of his/her official business:**

CHECK ACCOUNT ACCESS NEEDED	CHECK TRAINING NEEDED
<input type="checkbox"/> <b>NMED Prime Domain &amp; Exchange Account</b>  <input type="checkbox"/> <b>Citrix</b>  <input type="checkbox"/> <b>CHCS</b> - List requested CHCS access below _____  <input type="checkbox"/> <b>AHLTA</b> - List prior AHLTA training below: Date: _____ Location: _____ AHLTA Role: _____  <input type="checkbox"/> <b>Essentris</b> - List prior Essentris training below: _____	<input type="checkbox"/> <b>CHCS</b> ( ) LAB – Laboratory Tech ( ) RAD – Radiology Tech ( ) ORE - Provider Orders ( ) ORE – Nurse Orders ( ) MCP – Front Desk Clerk ( ) ERP - Emergency Room ( ) MRT – Medical Records Tracking ( ) PAS – Supervisor ( ) MSCH - Clerk Supervisor <input type="checkbox"/> <b>AHLTA</b> ( ) Provider ( ) Nurse/Support ( ) Records Review <input type="checkbox"/> <b>ESSENTRIS</b> ( ) Provider ( ) Nurse ( ) Corpsman ( ) Technician ( ) Other <input type="checkbox"/> <b>OTHER</b> ( ) _____ ( ) _____

**\*\*Note to Credentialed Providers: you must obtain privileges via Professional Affairs before allowed access to accounts listed above**

Supervisor Phone for follow-up \_\_\_\_\_

Supervisor E-Mail address for follow-up \_\_\_\_\_

Date \_\_\_\_\_

Supervisor, OIC, Dept. Head (**print name**) \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

**Privacy Act of 1974**

AUTHORITY: 10 U.S. C., Section 20  
 PURPOSE: To authenticate the individual as an authorized user or health care provider.  
 ROUTINE USER: Information may be disclosed outside of DOD agencies as outlined in A.R. 340-21, para 3-2 Blanket routine users.  
 DISCLOSURE: Providing your SSN is voluntary; however, failure to provide the information may delay your access to the system.