



# ESSENCE Registration Guide

Programs and Policy Support – Preventive Medicine Directorate  
February 2015



**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

[WWW.NMCPHC.MED.NAVY.MIL](http://WWW.NMCPHC.MED.NAVY.MIL)

# Table of Contents

- ESSENCE Registration Process
- Step 1: Send Information Awareness (IA) Training Certificate to DHSS Access Office
- Step 2: Register CAC with iDentity Authentication Services (iAS)
- Step 3: Submit ESSENCE Registration Form
  - Helpful Hints for ESSENCE Registration Approval Process
- Contact Information



# ESSENCE Registration Process

- Obtaining an ESSENCE account is a process requiring you to:
  - Submit a current IA certificate
  - Register your CAC
  - Register for ESSENCE
- An approval process then is initiated at different levels through an automated system
- Allow approximately 2 weeks for your request to be processed
- Refer to the Helpful Hints section below to expedite your approval process and ensure you receive your account access



# Step 1. Send IA Certificate to DHSS Access Office



# Step 1: Send IA Certificate to DHSS Access Office

- All users must have a current Information Assurance certificate (within the past year, must be renewed annually)
  - Information Assurance annual training and completed certificates are on Navy eLearning.
- Navy eLearning is accessed via Navy Knowledge Online:  
<https://www.nko.navy.mil>

Navy News U.S. Navy Recruiting Freedom of Information Act (FOIA)

**N@VY**  
KNOWLEDGE ONLINE

**EDUCATIONAL SITES**

**Navy eLearning**

Electronic Training Jacket (ETJ)  
Navy College Program  
Joint Services Transcript (JST)  
CMS / Interactive Detailing  
DANTES

**NAVY SITES**

Navy Personnel Command  
BUPERS Online  
NETC  
US Navy

Click Here for NKO Access  
CAC Required

Contact Help Desk or Webmaster  
COMM: (850) 452-1001, Option 1  
DSN: 459-1001, Option 1  
Toll Free: (877) 253-7122, Option 1



# Step 1: Send IA Certificate to DHSS Access Office

- To retrieve past certificates, go to your Training History:

Welcome, UNCLASSIFIED FOUO 11.1.1-6.0 | Logout

**NETC** Learning Management System

My Learning Course Catalog WS\_ My Training History

My Profile Show/Hide Gadgets

**My Training**

Shown below are all learning/training activities in which you are currently enrolled, waitlisted, or awaiting approval of enrollment request. Click on the button to launch the Course. You may also click the Title for Course Information. Please maximize this gadget for more options related to learning/training activities.

[Open My Training History](#)

Show Individual Courses Show Curricula

Enrolled Waitlisted Requested All

There is no data to be displayed.

**Links**

**Job Performance Aids**

- ETMDS Learner Tutorial - Updated January 17, 2014
- ETMDS Instructor Tutorial - Updated January 17, 2014
- ETMDS Pentaho Tutorial - Updated January 17, 2014
- ETMDS Training Coordinator Tutorial - Updated January 17, 2014
- ETMDS Training Manager Tutorial - Updated September 17, 2013
- ETMDS Administrator Tutorial - Updated September 17, 2013

**Content Sponsor Information**

- NeL Monthly Content Sponsor Newsletter (June 2014)
- NeL Content Hosting Introduction - Updated July 29th 2014



# Step 1: Send IA Certificate to DHSS Access Office

- In Training History, locate the IA course:
  - Course Code: DOD-IAA-V11.0 (version numbers subject to change)
  - Title: DOD Cyber Awareness Challenge
- Click the ribbon to open the certificate:

<a href="#">DOD DOD-CTIP-1.0</a>	<a href="#">Combating Trafficking in Persons (CTIP) General Awareness WBT</a>	Web Enabled	12/12/2013		
<a href="#">USFFC JKDDC-Level-A-COCT-100.1-v2</a>	<a href="#">SERE 100.1v2 - Level A Code of Conduct Training</a>	Web Enabled	11/22/2013		
<a href="#">CENSECFOR CENSECFOR-AT-OCONUS-LT-1.0</a>	<a href="#">Antiterrorism Level I Awareness Training for Service Members/Gov't Civilians (OCONUS) (LOW THREAT)</a>	Web Enabled	11/21/2013		
<a href="#">USFFC DOD-IAA-V11.0</a>	<a href="#">DOD Cyber Awareness Challenge V1</a>	Web Enabled	11/15/2013		



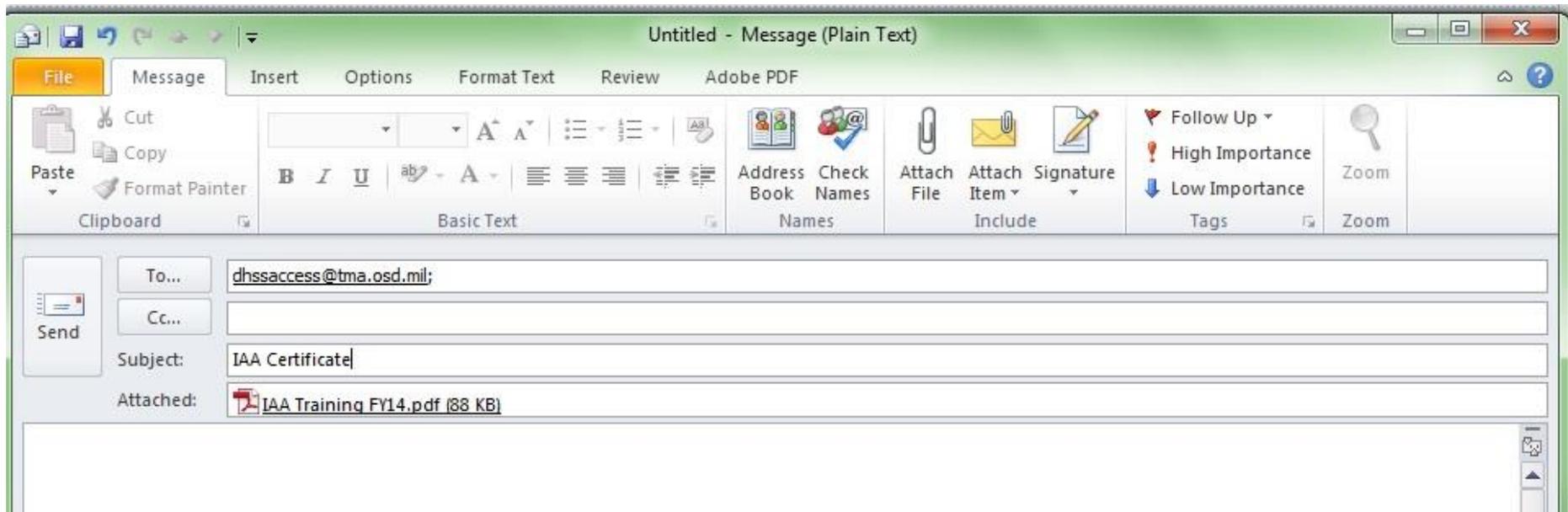
# Step 1: Send IA Certificate to DHSS Access Office

- Click the disc icon to save the certificate to your computer.



# Step 1: Send IA Certificate to DHSS Access Office

- Send an email to [dhssaccess@tma.osd.mil](mailto:dhssaccess@tma.osd.mil) with the IA certificate attached.



# Step 2: Register CAC with iAS



## Step 2: Register CAC with iAS

- iAS CAC registration:

[https://sso.csd.disa.mil/amserver/UI/Login?org=cac\\_pki&authlevel=3&e crs=true&goto=https://sso.csd.disa.mil/idm/mhs/CACRegistration.do](https://sso.csd.disa.mil/amserver/UI/Login?org=cac_pki&authlevel=3&e crs=true&goto=https://sso.csd.disa.mil/idm/mhs/CACRegistration.do)

- Log in must be done with CAC.



# Step 2: Register CAC with

- The form at right will appear. Some fields may already be pre-filled for you (name, e-mail address)

### Identification

\*First Name  MI  \*Last Name

\*Service  \*Rank  Grade

By completing this Registration you agree to the terms and conditions of the Privacy Act of 1974 (5 U.S.C. 552a, as amended). This information may be viewed [HERE](#)

### Contact Information

\* Primary Email Address

\* Confirm Primary Email Address

Alternate Email Address

Confirm Alternate Email Address

\* Commerical Phone Number

DSN

### Identification

The Identification section is pre-populated based on a user's information from Defense Manpower Data Center (DMDC). If data is incorrect please contact DMDC to update.

### Privacy Act Warning

For detailed information on the Privacy Act, click the link to the left.

### Contact Information

Enter a valid email address where account notifications can be sent as necessary. Enter a valid Commercial and DSN Phone Number where the account holder can be contacted.

### Sponsor Organization

Sponsor Organization\*

### Duty Station

Please Enter Your Estimated Change of Duty Station Date

Month:  Year:

\*Duty Station/Company  \*Title/Position  DMIS ID

Region

\*Location Name  \*Department/Section  Office/Room Number

### Office Address

\*Street Address

\*City  \*State  \*Zip Code/Postal Code

\*Country

\*Required Fields

### Sponsor Organization

Select a Sponsor Organization from the drop down list that is applicable to you. The Sponsor Organization will be responsible in getting you access to the MHS application.

### Duty Station

Please provide the estimated change of Duty Station Date (month and year) using the drop down option. Please provide your Duty Station or Company, along with your Title or Position along with the DMIS ID. The Region should be selected by choosing an option from the drop down list. The Location Name, department or section and office or Room Number for the Duty Station are mandatory.

### Office Address

Enter a Street Address and City of your office address. Please select a State, if office address is in United States, from the drop down list or otherwise select 'Non US' value for State. Type in a Zip or Postal Code for your office location. Select a country from the drop down list for your office address.



## Step 2: Register CAC with iAS

- Service/Rank fields
  - Military applicants:
    - Service: Branch of service (Navy, Marine Corps)
    - Rank: Current rank
  - Civilian applicants:
    - Service: Not applicable
    - Rank: GS
  - Contractor applicants:
    - Service: Not applicable
    - Rank: US Govt/DoD Contractor

---

**Identification**

*First Name	MI	*Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Service	*Rank	Grade
Not applicable	GS	



# Step 2: Register CAC with iAS

- Contact Information
  - Ensure that the primary email address is correct
  - Enter your commercial phone number (work number)
    - DSN is optional

**Contact Information**

* Primary Email Address	firstname.lastname@med.navy.mil
* Confirm Primary Email Address	firstname.lastname@med.navy.mil
Alternate Email Address	
Confirm Alternate Email Address	
* Commerical Phone Number	555-555-5555
DSN	



# Step 2: Register CAC with iAS

- Sponsor Organization:
  - NMCPHC applicants: NAVY MED EAST
  - NEPMU applicants: NAVY MED EAST or WEST
  - MTF applicants: MTF name
- Duty Station/Company:
  - Currently assigned duty station
- Title/Position:
  - Current position

Example: Form for an NMCPHC staff member

The screenshot shows a registration form with the following sections and fields:

- Sponsor Organization:** A dropdown menu with "NAVY MED EAST" selected.
- Duty Station:** A section titled "Please Enter Your Estimated Change of Duty Station Date" with "Month" and "Year" dropdown menus.
- Registration Fields:** Three rows of input fields:
  - Row 1: "\*Duty Station/Company" (text: "rps Public Health Center"), "\*Title/Position" (text: "Epidemiologist"), and "DMIS ID" (empty).
  - Row 2: "Region" (dropdown: "Select Region").
  - Row 3: "\*Location Name" (text: "NMC Portsmouth"), "\*Department/Section" (text: "Preventive Medicine"), and "Office/Room Number" (empty).
- Office Address:** A section with three rows:
  - Row 1: "\*Street Address" (text: "620 John Paul Jones Circle, Suite 1100").
  - Row 2: "\*City" (text: "Portsmouth"), "\*State" (dropdown: "VIRGINIA"), and "\*Zip Code/Postal Code" (text: "23708").
  - Row 3: "\*Country" (dropdown: "United States").

\*Required Fields



# Step 2: Register CAC with iAS

- Location Name:
  - Where is the duty station located?
    - NMCPHC applicants: NMC Portsmouth
    - NEPMU applicants: base name
    - MTF applicants: MTF name
- Department/Section:
  - Current department

Example: Form for an NMCPHC staff member

**Sponsor Organization**

Sponsor Organization\*

**Duty Station**

Please Enter Your Estimated Change of Duty Station Date

Month:  Year:

*Duty Station/Company	*Title/Position	DMIS ID
<input type="text" value="rps Public Health Center"/>	<input type="text" value="Epidemiologist"/>	<input type="text"/>

Region

*Location Name	*Department/Section	Office/Room Number
<input type="text" value="NMC Portsmouth"/>	<input type="text" value="Preventive Medicine"/>	<input type="text"/>

**Office Address**

\*Street Address

*City	*State	*Zip Code/Postal Code
<input type="text" value="Portsmouth"/>	<input type="text" value="VIRGINIA"/>	<input type="text" value="23708"/>

\*Country

\*Required Fields



# Step 2: Register CAC with iAS

- Street Address, City, State, Zip, Country:
  - Physical address of workplace

Example: Form for an NMCPHC staff member

**Sponsor Organization**

Sponsor Organization\*

**Duty Station**

Please Enter Your Estimated Change of Duty Station Date

Month:  Year:

*Duty Station/Company	*Title/Position	DMIS ID
<input type="text" value="Navy Public Health Center"/>	<input type="text" value="Epidemiologist"/>	<input type="text"/>

Region

*Location Name	*Department/Section	Office/Room Number
<input type="text" value="NMC Portsmouth"/>	<input type="text" value="Preventive Medicine"/>	<input type="text"/>

**Office Address**

\*Street Address

*City	*State	*Zip Code/Postal Code
<input type="text" value="Portsmouth"/>	<input type="text" value="VIRGINIA"/>	<input type="text" value="23708"/>

\*Country

\*Required Fields

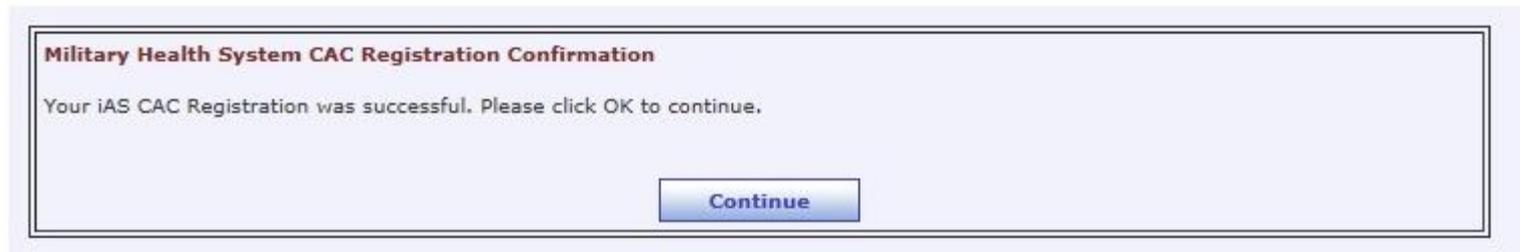


## Step 2: Register CAC with iAS

- Submit the form when it is complete.



- The following message will appear if registration was successful:



- If any information is missing, the form will reload with alert messages noting which fields are incomplete. After these errors are resolved, re-submit the form.



# Step 3: Submit ESSENCE Registration Form



# Step 3: Submit ESSENCE Registration Form

- ESSENCE registration:

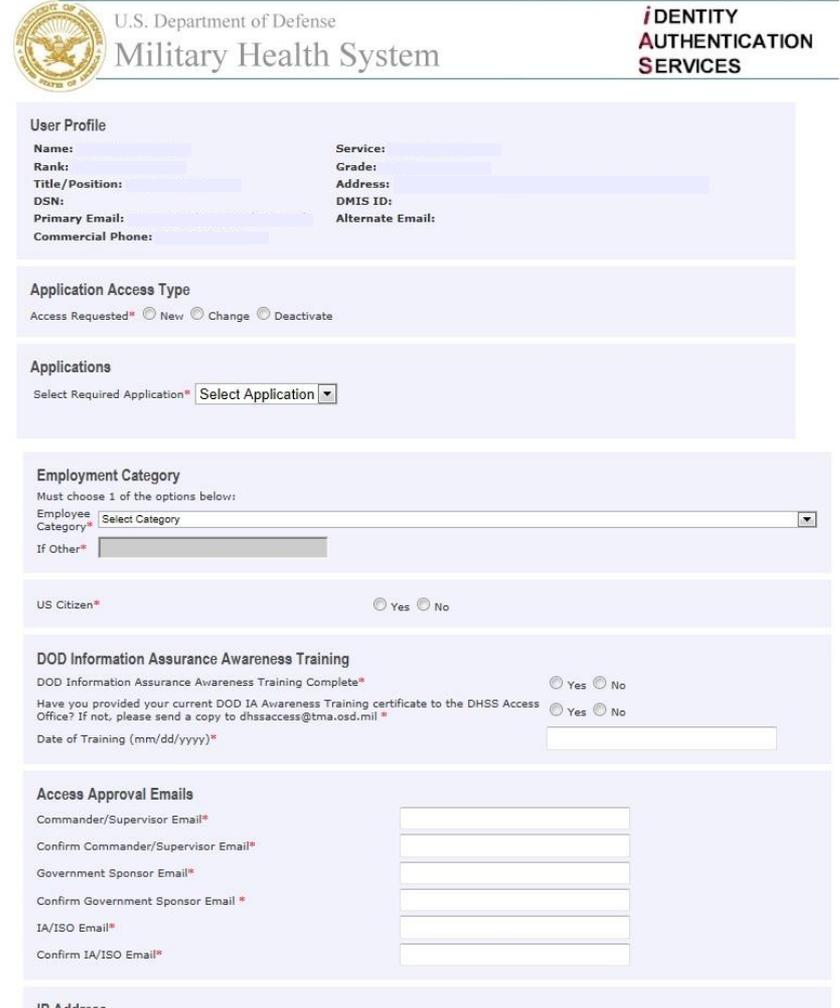
[https://sso.csd.disa.mil/amserver/UI/Login?org=cac\\_pki&authlevel=3&crs=true&goto=https://sso.csd.disa.mil/idm/mhs/ApplicationAccessRequest.do](https://sso.csd.disa.mil/amserver/UI/Login?org=cac_pki&authlevel=3&crs=true&goto=https://sso.csd.disa.mil/idm/mhs/ApplicationAccessRequest.do)

- Log in must be done with CAC.



# Step 3: Submit ESSENCE Registration Form

- The form at right will appear after clicking on the link. Fields in the User Profile section will be pre-populated based on what was entered during your CAC registration from Step 2 (registering with iAS).



The screenshot shows the ESSENCE Registration Form interface. At the top, it features the U.S. Department of Defense Military Health System logo on the left and the iDENTITY AUTHENTICATION SERVICES logo on the right. The form is divided into several sections:

- User Profile:** Fields for Name, Rank, Title/Position, DSN, Primary Email, Commercial Phone, Service, Grade, Address, DMIS ID, and Alternate Email.
- Application Access Type:** Radio buttons for Access Requested\*, New, Change, and Deactivate.
- Applications:** A dropdown menu for Select Required Application\* and a dropdown for Select Application.
- Employment Category:** A dropdown for Employee Category\* and a text field for If Other\*.
- US Citizen\*:** Radio buttons for Yes and No.
- DOD Information Assurance Awareness Training:** Radio buttons for DOD Information Assurance Awareness Training Complete\* (Yes/No) and Have you provided your current DOD IA Awareness Training certificate to the DHSS Access Office? If not, please send a copy to dhssaccess@tma.osd.mil\* (Yes/No). A text field for Date of Training (mm/dd/yyyy)\* is also present.
- Access Approval Emails:** A list of email fields for Commander/Supervisor Email\*, Confirm Commander/Supervisor Email\*, Government Sponsor Email\*, Confirm Government Sponsor Email\*, IA/ISO Email\*, and Confirm IA/ISO Email\*.
- ID Address:** A partially visible field at the bottom.



# Step 3: Submit ESSENCE Registration Form

- Application Access Type:
  - “New” for new applicants
- Applications:
  - ESSENCE

## Application Access Type

Access Requested\*  New  Change  Deactivate

## Applications

Select Required Application\*  ▼



# Step 3. Submit ESSENCE Registration Form

- When ESSENCE is selected from the Applications drop-down list, the ESSENCE Access Level section will appear.
  - NMCPHC applicants: Level I access (no PHI access)
  - MTFs applicants: Level II access (PHI access)
    - DMIS ID Family: Parent DMIS ID of your MTF
    - MTF Name: Name of your MTF

**Essence Access Level**

The official duties of this individual require the following level of access (choose one)\*  
**Who should apply for Level II? If you are unclear, please read [here](#)**

**Level I:** User will not have access to any type of patient level data.

**Level II:** User will have access to patient level data for records associated with the user's relevant Military Treatment Facility and corresponding DMIS ID Family (parent & associated children DMIS ID's). If selecting this Level, complete the fields below (MTF Name, DMIS ID Family). It is essential that the user have a thorough knowledge of Privacy Act and HIPAA rules, restrictions and the proper security clearance.

DMIS ID Family*:	MTF Name*:
<input type="text"/>	<input type="text"/>
<input type="button" value="Lookup"/>	



### 3. Submit ESSENCE Registration Form

- When ESSENCE is selected from the Applications drop-down list, the ESSENCE Access Level section will appear.
  - NEPMUs applicants: Level II access (PHI access)
    - DMIS ID Family: List DMIS IDs in your AOR, separated by commas (Copy/pasteable list of AORs on [NMCPHC SharePoint](#))
    - MTF Name: Navy Environmental Preventive Medicine Unit No. #

**Essence Access Level**

The official duties of this individual require the following level of access (choose one)\*  
**Who should apply for Level II? If you are unclear, please read [here](#)**

**Level I:** User will not have access to any type of patient level data.

**Level II:** User will have access to patient level data for records associated with the user's relevant Military Treatment Facility and corresponding DMIS ID Family (parent & associated children DMIS ID's). If selecting this Level, complete the fields below (MTF Name, DMIS ID Family). It is essential that the user have a thorough knowledge of Privacy Act and HIPAA rules, restrictions and the proper security clearance.

DMIS ID Family\*:  MTF Name\*:



# Step 3. Submit ESSENCE Registration Form

- Employment Category:
  - Military/Civilian applicants: “Government Employee, Uniformed Services Member, Military or Civil Service Employee”
  - Contractor applicants: “Contractor”
- US Citizen:
  - Yes/No



The screenshot displays two sections of the registration form. The first section, titled "Employment Category", includes the instruction "Must choose 1 of the options below:". It features a dropdown menu labeled "Employee Category\*" with "Select Category" as the current selection, and a text input field labeled "If Other\*" which is currently empty. The second section, titled "US Citizen\*", contains two radio buttons labeled "Yes" and "No", with the "Yes" button selected.



## Step 3. Submit ESSENCE Registration Form

- DOD Information Assurance Awareness Training:
  - Training complete? “Yes”
    - Training needed to be completed to provide certificate to DHSS.
  - Provided certificate to DHSS Access Office? “Yes”
    - This was done in Step 1 of this guide.
  - Date of Training:
    - Enter the date that appears on the training certificate.

**DOD Information Assurance Awareness Training**

DOD Information Assurance Awareness Training Complete\*

Have you provided your current DOD IA Awareness Training certificate to the DHSS Access Office? If not, please send a copy to [dhssaccess@tma.osd.mil](mailto:dhssaccess@tma.osd.mil) \*

Date of Training (mm/dd/yyyy)\*

Yes  No  
 Yes  No



# Step 3. Submit ESSENCE Registration Form

- Access Approval Emails:
  - Commander/Supervisor: Enter the email address of your commander or supervisor.
    - This person will provide approval for you to have an account.

**Access Approval Emails**

Commander/Supervisor Email*	<input type="text"/>
Confirm Commander/Supervisor Email*	<input type="text"/>
IA/ISO Email*	<input type="text"/>
Confirm IA/ISO Email*	<input type="text"/>



# Step 3. Submit ESSENCE Registration Form

- Access Approval Emails:
  - IA/ISO: Enter the email address of your Information Assurance Manager or Officer.
    - IA/ISO approval is only needed if mobile computing equipment will be used to access ESSENCE, but the email address is required to complete the form.

**Access Approval Emails**

Commander/Supervisor Email\*

Confirm Commander/Supervisor Email\*

IA/ISO Email\*

Confirm IA/ISO Email\*



# Step 3. Submit ESSENCE Registration Form

- Mobile Computing Equipment:
  - Select the correct option for your situation.
  - If mobile equipment will be used, select the devices that will be used. IA/ISO approval will be required.

**Mobile Computing Equipment**

By selecting Mobile Equipment will be used you agree to the following terms and conditions. Click [Here](#) to view terms and conditions.

Mobile computing equipment will not be used to connect to this DHSS Product.\*

Mobile computing equipment (Laptop computer, external hard drive, CDs/DVDs, floppy disks, USB flash/thumb drives, PDA, cell phone, or other movable media) WILL BE USED to connect to this DHSS Product. Please select equipment that will be used.\*

Laptop  PDA  Floppy Disks

USB Flash/Thumb Drives  CDs / DVDs  External Hard Drive

Cell Phone  Others (if other, Please describe)

By completing this Registration you agree to the terms and conditions of the Privacy Act of 1974 (5 U.S.C. 552a, as amended).  
Click [Here](#) to view terms and conditions.



# Step 3. Submit ESSENCE Registration Form

- Are you assigned to work within HA/TMA? Yes/No

\*Are you government, military, or contractor personnel assigned to work within Health Affairs/TRICARE Medical Activity?

Yes  No



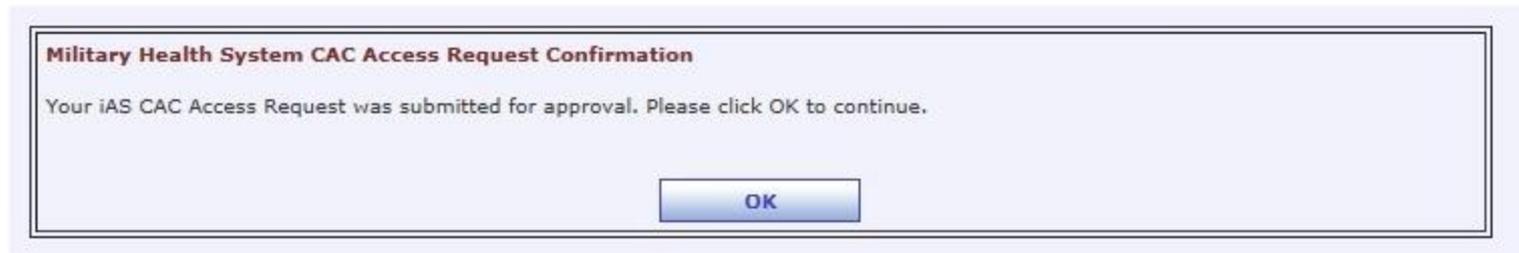
# Step 3. Submit ESSENCE Registration Form

- Submit the form when it is complete.

\*Required Fields



- The following message will appear if registration was successful:

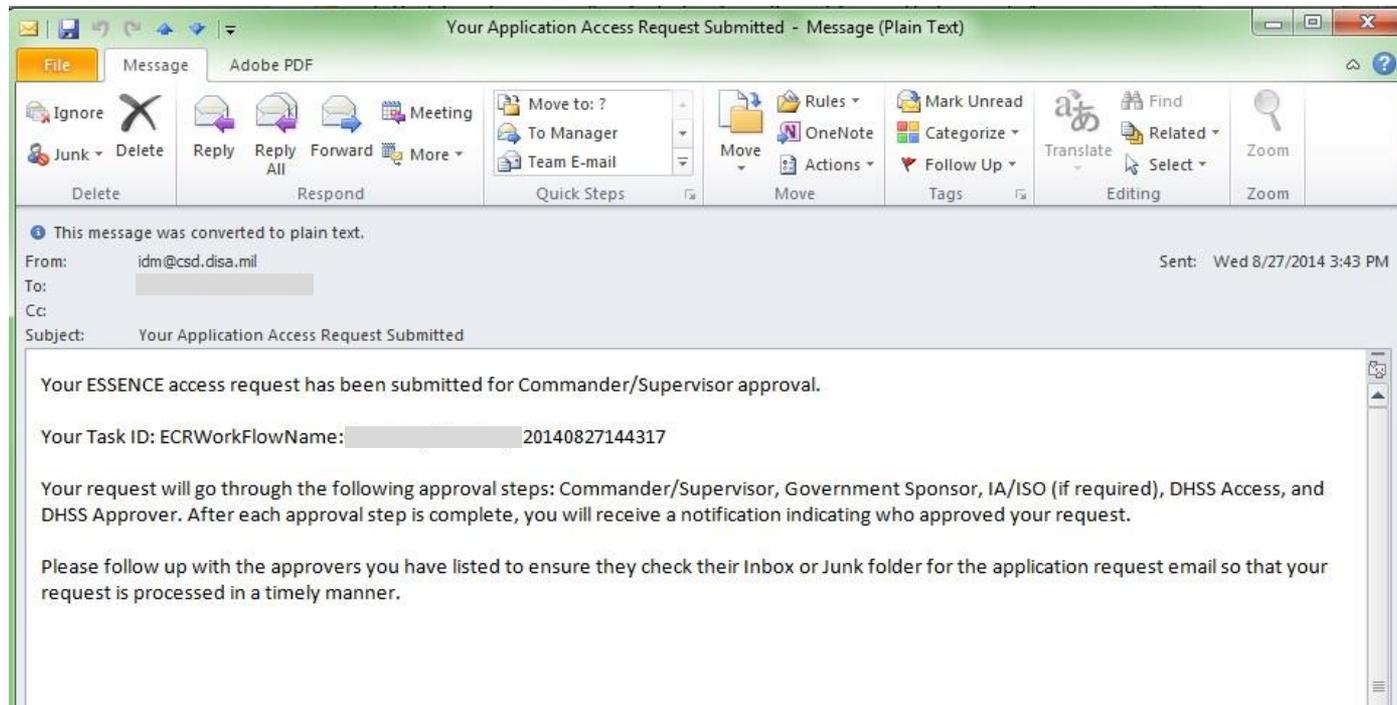


- If any information is missing, the form will reload with alert messages noting which fields are incomplete. After these errors are resolved, re-submit the form.



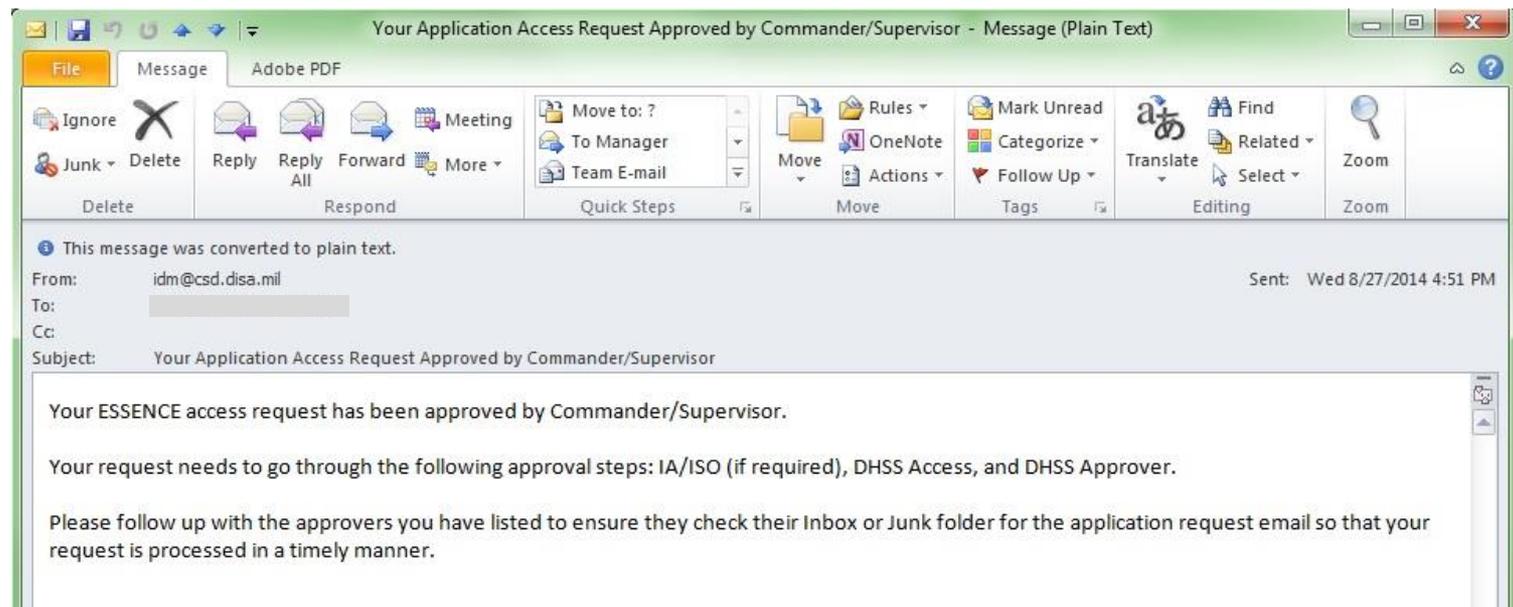
# Step 3. Submit ESSENCE Registration Form

- You will be sent an email that the access request has begun routing and has been submitted for Commander/Supervisor approval.



# Step 3. Submit ESSENCE Registration Form

- You will receive notification emails at each step of the approval process.



# Helpful Hints for the ESSENCE Registration Approval Process



# Helpful Hints for the ESSENCE Registration Approval Process

- Notify those who will be approving your ESSENCE registration (commander/supervisor and/or IA/ISO, if mobile equipment will be used) after the registration form is submitted so they know what to expect (see below)
  - Important! Approvers have 20 days to respond, or the system will automatically reject the registration request.
  - Approvers will receive an email from [ids@csd.disa.mil](mailto:ids@csd.disa.mil) to approve the account.
    - Caution: these emails may land in Junk or Spam folders.
  - Before going to the approval page, approvers will need to register their CAC with iAS.
    - They will follow the same process as Step 2 in this guide.



# Helpful Hints for the ESSENCE Registration Approval Process

- As the applicant, you will receive email confirmations as your application goes through the various account approval steps
  - Track those confirmations
    - Remind your approvers if your application is stuck in their inbox
    - Contact the MHS helpdesk if your application has been stuck for more than three working days after receiving all the appropriate approvals



# Contact Information



# If you have questions about your application:

- Contact the MHS Help Desk
  - Email:
    - [mhssc@tma.osd.mil](mailto:mhssc@tma.osd.mil)
  - Telephone:
    - (800) 600-9332



# If you have questions about ESSENCE use as part of routine surveillance activities:

- Contact your cognizant Navy Environmental and Preventive Medicine Unit (NEPMU)
  - NEPMU2
    - COMM: (757) 953-6600; DSN: (312) 377-6600
    - Email: [NEPMU2Norfolk-Threat-MedEpi@med.navy.mil](mailto:NEPMU2Norfolk-Threat-MedEpi@med.navy.mil)
  - NEPMU5
    - COMM: (619) 556-7070; DSN (312) 526-7070
    - Email: [HealthSurveillance@med.navy.mil](mailto:HealthSurveillance@med.navy.mil)
  - NEPMU6
    - COMM: (808) 471-0237; DSN: (315) 471-0237
    - Email: [NEPMU6@med.navy.mil](mailto:NEPMU6@med.navy.mil)
  - NEPMU7
    - COMM (international): 011-34-956-82-2230 (local: 727-2230); DSN: 94-314-727-2230
    - Email: [NEPMU7@eu.navy.mil](mailto:NEPMU7@eu.navy.mil)



# For additional resources:

- Contact NMCPHC Preventive Medicine Directorate
  - COMM: (757) 953-0700; DSN: (312) 377-0700
    - Ask for the Preventive Medicine Directorate
  - E-mail: [NMCPHCPTS-threatassessment@med.navy.mil](mailto:NMCPHCPTS-threatassessment@med.navy.mil)

