## Request for an AERO Account

INSTRUCTIONS: 1. **HIPAA**. You must include a copy of your HIPAA certificate that is less than a year old. HIPAA is completed through JKO <a href="https://jkodirect.jten.mil/Atlas2/page/login/Login.jsf">https://jkodirect.jten.mil/Atlas2/page/login/Login.jsf</a> 2. **Security Clearance**. OPNAV 5239/14 (Rev 9/2011) (SAAR-N Form) (questions 1-11, 15-16b, and 23-30 need to be filled out). 3. **Request Form**. Completely fill out and sign this form. Only official .mil or .edu emails authorized. This form must also be signed by your CO, OIC, Department Head or Senior Medical Officer (Enlisted Personnel cannot sign this form). Title/Rank must be included with their signature. 4. Log into AERO and request access (https://vfso.rucker.amedd.army.mil). Complete all information.

You must be privileged as a flight surgeon in order to get a flight surgeon role.

Instructions for completing the forms are on the website <a href="http://www.med.navy.mil/sites/nmotc/nami/arwg/Pages/Forms.aspx">http://www.med.navy.mil/sites/nmotc/nami/arwg/Pages/Forms.aspx</a>

_	s been c	er three business days in order to create an account in AERO. An e-mail wi reated. Questions/Concerns e-mail <u>usn.pensacola.navmedotcnamefl.list.n</u>	
Name of Applicant:			Rank:
I request access to	AERO v	with the following role. This access is required to complete my dution	es.
External Use			
<ul><li>○ Flight Surgeon</li><li>○ AVT/Corpsman</li></ul>	Duty Position:		
Read-only	Site Location:		
NAMI/PERS/CMC Use Only - Waiver Authority please provide a signature through e-mail above.			
<ul><li>Reviewer</li><li>Data Entry</li><li>Waiver Authority</li></ul>	Duty Position:		
	Site Location:		
Enclosures			
I understand that I must follow all HIPAA guidelines in reference to patient confidentiality and maintain my annual HIPAA training. My current HIPAA certificate is attached.			
I understand that I must have a security clearance (at least an interim). OPNAV 5239 is attached.			
Date:		Signature:	
Contact e-mail			
E-mail address where I can be notified of approval for access:			
CO, OIC, Department Head or SMO signature			
I verify that the requestor requires access to AERO to complete their duties.			
Date:	Signature:		