

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 (<https://jkodirect.iten.mil/Atlas2/page/login/Login.jsf>).
2. SECURITY CLEARANCE. DD 2875 System Authorization Access Request (SAAR) 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 are authorized. This form must also be signed by your CO, OIC, department head, or Senior Medical Officer. Title/ rank must be included with their signature (officer only).
4. Login to 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 <https://www.med.navy.mil/Navy-Medicine-Operational-Training-Command/Naval-Aerospace-Medical-Institute/Aeromedical-Reference-and-Waiver-Guide/>.

Please give the user manager three business days to create an account in AERO. An e-mail will be sent once an account has been created. Questions/ concerns e-mail: usn.pensacola.navmedotcnamifl.list.nmotc-aeroaccess@health.mil

NAME OF APPLICANT:

RANK:

I request access to AERO with the following role. This role is required to complete my duties.

EXTERNAL USE

FLIGHT SURGEON	DUTY POSITION:
AVT/CORPSMAN	SITE LOCATION:
READ-ONLY	

NAMI/PERS/CMC USE ONLY – Waiver authority please provide a signature through e-mail above.

REVIEWER	DUTY POSITION:
DATA ENTRY	SITE LOCATION:
WAIVER AUTHORITY	

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). DD 2875 is attached.

DATE:	SIGNATURE:
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CO, OIC, DEPARTMENT HEAD, OR SMO SIGNATURE

I verify that the requestor requires access to AERO to complete their duties.

DATE:	NAME/ RANK:
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SIGNATURE: