



Provisioning Form for Users at _____

Name	Title/Role	Work phone	Mobile phone Text OK?	Work email

Submitted by _____ *Title* _____ *Date* _____

By submitting this form I acknowledge that I have the authority to request access to EPHI.

Instructions: Please provide the above information for each person to be provisioned for your subscription. Training will be scheduled as soon as the information has been received and provisioning is complete, typically a 2 day process, as we have to coordinate provisioning with software vendors.

Once complete, please forward this form to Krista Navarro. You will be notified once provisioning is complete and training can be scheduled for your staff.