


\*\*\* No Handwritten Forms Accepted \*\*\*  
Original Signatures Only – No Stamps or Photocopies

	<b>Authorization for Automated Information System (AIS) Access</b>			
<b>VISN 22</b> <input type="checkbox"/> New User <input type="checkbox"/> Reactivate User <input type="checkbox"/> Other update	<b>LOCATION:</b> <input type="checkbox"/> Las Vegas (593) <input type="checkbox"/> Long Beach (600) <input type="checkbox"/> Loma Linda (605) <input type="checkbox"/> Greater LA Healthcare System (691) <input type="checkbox"/> San Diego (664) <input type="checkbox"/> VISN 22 Network			
<b>TYPE:</b> <input type="checkbox"/> Paid Employee <input type="checkbox"/> Without Compensation <input type="checkbox"/> Contract Employee <input type="checkbox"/> Trainee <input type="checkbox"/> Other (VISN 18; 21:)				
<b>1. User Information:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female			<b>Termination Date:</b>	
LAST NAME	FIRST NAME	MIDDLE INITIAL	SSN:	DATE OF BIRTH:
HEALTHCARE GROUP/SERVICE:			TITLE:	MAIL CODE:
DEGREE:	TELEPHONE:	CELL PHONE:		PAGER:
<b>2. To be completed by Supervisor/Service ADPAC: (check all that apply):</b>				
<input type="checkbox"/> VistA: Primary Menu				
<input type="checkbox"/> VistA: Secondary Menus	_____ _____ <input type="checkbox"/> CPRS <input type="checkbox"/> Restrict Patient Access <input type="checkbox"/> CPRS TAB _____ <input type="checkbox"/> OE/RR List _____			
<input type="checkbox"/> VistA: Security Keys				
<input type="checkbox"/> Windows user <input type="checkbox"/> Outlook user				
<input type="checkbox"/> Phone Code Request <input type="checkbox"/> VA direct contract <input type="checkbox"/> VA indirect contract				
<input type="checkbox"/> Contract Employee			Please enter your preferred Vista access code. It must contain letters and numbers and must be a minimum of (8) characters.	
<input type="checkbox"/> WEB 1000 <input type="checkbox"/> Pharmacy			<b>ACCESS CODE:</b> _____	
<b>Person Class (Credential):</b>			<b>User Class:</b>	
This user requires access to above referenced information in the performance of his/her duties and has been informed of and understands the security responsibilities associated with this access.				
SUPERVISOR/SERVICE ADPAC NAME:	PHONE:	SIGNATURE:	DATE:	
SPONSOR or COTR NAME:	PHONE:	SPONSOR or COTR SIGNATURE:	DATE:	
<b>3. For IT &amp; ISO Service Center Use Only.</b>				
VA Cyber Security Awareness		Windows Username		
VHA Privacy Policy Training		E-Mail Address		
VA National Rules of Behavior		<b>VA Background Investigation:</b> <input type="checkbox"/> High Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> Low Risk <input type="checkbox"/> SIC		
<b>IT Staff Initials/Date:</b>		<b>Date:</b>		
<b>Information Security Officer (or Designee):</b>				

