


**\*\*\* 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"/> <b>VistA: Primary Menu</b>					
<input type="checkbox"/> <b>VistA: Secondary Menus</b>		<input type="checkbox"/> CPRS <input type="checkbox"/> Restrict Patient Access <input type="checkbox"/> CPRS TAB <input type="checkbox"/> OE/RR List			
<input type="checkbox"/> <b>VistA: Security Keys</b>					
<input type="checkbox"/> <b>Windows user</b>		<input type="checkbox"/> Outlook user			
<input type="checkbox"/> <b>Phone Code Request</b>		<input type="checkbox"/> VA direct contract <input type="checkbox"/> VA indirect contract			
<input type="checkbox"/> <b>Contract Employee</b>		Please enter your preferred Vista access code. It must contain letters and numbers and must be a minimum of (8) characters.		<b>ACCESS CODE:</b> _____	
<input type="checkbox"/> <b>WEB 1000</b> <input type="checkbox"/> <b>Pharmacy</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.					
<b>SUPERVISOR/SERVICE ADPAC NAME:</b>		<b>PHONE:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>	
<b>SPONSOR or COTR NAME:</b>		<b>PHONE:</b>	<b>SPONSOR or COTR SIGNATURE:</b>	<b>DATE:</b>	
<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>Information Security Officer (or Designee):</b>			<b>Date:</b>		