

Record ID#:

<h2 style="margin: 0;">CHCS / AHLTA Systems Account Creation</h2> <p style="margin: 0;">User/Provider Data Collection Form * indicates a required field. Contact Database Administrators at 433-4600 with any questions on the use of this form.</p>		System*: <input type="radio"/> CHCS <input type="radio"/> AHLTA <input type="radio"/> BOTH New User Terminate User Modify User Forgot Codes Reactivate Returned from Deployment	
AHLTA account from previous location? * <input type="radio"/> YES <input type="radio"/> NO If Yes, Location			
SSN			
Legal Name (Last,First,Middle Initial)		Duty Phone:*	
MEDPAC Account		Email	
Date of birth (MM/DD/YYYY)*		Gender* Male Female	
Department*	Branch and Grade/Rank*		
Primary Title*	Secondary Title		
National Provider Identifier (NPI) Only required for Providers		NPPES NPI Registry: https://npiregistry.cms.hhs.gov/	
Provider Specialty (Only required for Providers)			MOS Code (if any)
CHCS Primary Menu: <input style="width: 150px; height: 20px;" type="text"/> Secondary Menus: <i>Note: Access to Full PAS menu must be approved by CSD Scheduling Supv first.</i> <input style="width: 250px; height: 50px;" type="text"/> Describe Function(s): <input style="width: 250px; height: 50px;" type="text"/>		AHLTA (If Inpatient, specify ward/location user is assigned to.) Primary Clinic: Only Primary Clinic is mapped with this request. The clinic GPM or Schedule Manager must map (for viewing) and/or add profile for Appt Types to all other work areas. Security Keys: <input style="width: 250px; height: 50px;" type="text"/>	
Has user received training? <i>If no, user must enroll or Test-Out.</i>		Enroll:	
Select a course above, and a Clinical Systems Trainer will contact the user to schedule a date for training. Walk-in to Test-out, M-W-F in 10B 105A, 1300-1500.			
Trusted Agent Notes:			
Trusted Agent Name		Date	
Trusted Agent Signature		Date Entered:	(for Administrator)