

Virginia Vital Events and Screening Tracking System VISITS Early Intervention Provider User Access Request Form

NAME: Last _____ First _____ Middle _____

E-Mail: _____ **User ID:** _____ **Phone#:** _____

(REQUIRED- users that do not provide email address will not be approved for VVESTS/VISITS access.)

Follow-Up Provider / Hospital Name: _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

(Access will be associated with this address/facility ONLY)

Working Title: _____ **Date:** _____

Optional: Notary ID #: _____ **Notary Expiration Date:** _____

Role Name	Description of Job Function
BASIC_LOGIN	This role need be assigned to all users of the application.
PART-C_HEARING	This role is used by Part-C Early Intervention/Infant & Toddler Connection to receive referral information from the Virginia Department of Health Early Hearing Detection Intervention Program ((VEHDIP) and to report enrollment status on infants and children referred with a diagnosed hearing loss.
PART-C_ADMIN_HEARING	This role is used by Part-C Early Intervention/Infant & Toddler Connection Administrators and Managers with view only access to conduct surveillance reports on their own system(s).

The user agrees to keep the access information like logon-id and password to the Virginia Vital Events and Screening Tracking System confidential. Early Intervention Part-C Providers will receive an e-mail notification about infants and children reported to VDH with a diagnosed hearing loss. EI Providers will access VISITS to receive referral information and report enrollment information to VDH through the VISITS reporting system.

SIGNATURES:

Employee/Contractor: _____ Date: _____

Supervisors will notify VDH of the termination of an employee by faxing this form to (804) 864-7721 with the below information completed. There-by terminating access to Virginia Vital Events and Screening Tracking System.

Please terminate access of the above user:

Notification Date: _____ **Last Date of Access:** _____

MANAGEMENT APPROVAL:

Supervisor/Manager/Program Director

Print Name: Last _____ First _____ Middle _____

Title: _____ Phone #: _____ Email: _____

Signature: _____ Date: _____

VDH APPROVAL:

Division of Child and Family Health: _____ Date: _____

For Program Questions please call 866-493-1090 Email; hearing@vdh.virginia.gov

VDH Application Help Desk Contact Information:	
Phone Number	804-864-7200 and select option 2
FAX Number	804-864-7155
Email	aim_webappshelp@vdh.virginia.gov