

Virginia Vital Events and Screening Tracking System VISITS Hospital User Logon Request Form

NAME: Last _____ First _____ Middle _____

User ID: _____ **Phone#:** _____ **Email:** _____

Hospital Name: _____ **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.
HOSPITAL_HEARING	This role is used by hospital Virginia Early Hearing Detection Intervention and Education Program (VEHDIP) users.
HOSPITAL_VACARES	This role is used by hospital Virginia Congenital Anomalies Reporting and Education System (VaCARES) users.

The user agrees to keep the access information like logon-id and password to the Virginia Vital Events and Screening Tracking System confidential. Hospitals are required to report with in one week from the termination of an employee to Division of Child and Adolescent Health for terminating the Virginia Vital Events and Screening Tracking System user account.

SIGNATURES:

Employee/Contractor: _____ Date: _____

Supervisor/Manager/Program Director (Hospital): _____ Date: _____

Division of Child and Adolescent Health: _____ Date: _____

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