

Virginia Pre-Hospital Information Bridge EMS System User Logon Request

Affiliation:	
Role:	
Address - Street:	
City/County:	
State and Zip Code:	
User Name:	
Title:	
E-mail Address:	
Telephone Number:	

Access is intended solely for use with performance improvement efforts related to my local EMS system. Unique passwords and logon IDs are assigned to one responsible party. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (including but not limited to: Logon IDs, passwords, terminal IDs or file protection) for any purposes other than those required for performing my authorized functions.

A VPHIB EMS System User of Information Systems Security Access Agreement must accompany this logon request.

User's Signature	Date	User's Name Printed	Date

For local EMS system user access to VPHIB Fax, E-mail, or Mail the following to OEMS:

- Local EMS System User Logon Request and;
- VDH/OEMS VPHIB Security Agreement (local EMS system Version);
- Other items upon request for verification;
- Please allow 3-5 business days to receive administrative user access.

E-mail: Support@OEMSSupport.Kayako.com

Fax: (804) 371-3108

Mail: Office of Emergency Medical Services
 Attention: VPHIB Coordinator
 1041 Technology Park Drive
 Glen Allen, Virginia 23059

OEMS Approving Signature	Date