Virginia Vital Events and Screening Tracking System VISITS Audiology & Rescreening Provider User Access Request Form

NAME: Last E-Mail:		First User ID:	Middle Phone# :	
(REQUIF	RED- users that do not provide email	address will not be approved for VVES	TS/VISITS access.)	
Audiology/Rescreening Facility Name:				
Address:		City	State	Zip Code
(Access v	will be associated with this address/fa	acility ONLY)		
Working Title:		Date:		
Optional: Notary ID #:		Notary Expiration Date:		
	Role Name	Description of Job Function	า	
\boxtimes	BASIC_LOGIN	This role need be assigned to all users of the application.		
	AUDIOLOGY	This role is used by VDH approved audiologists users with diagnostic capabilities.		
	RESCREENING	This role is used by VDH approved screening site users.		
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:				
Employed/Contractor.				
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: Pho		Phone #:	Email:	
Signature:				Date:
VDH APPROVAL: Division of Child and Family Health: For Program Questions please call 866-493-109				Date:
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VDH /	Application Help Desk (Contact Information:	<u> </u>	
VDH / Phone	· · · · · · · · · · · · · · · · · · ·	Contact Information:	7200 and select option 2	