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.)

EI Facility 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; va_ehdi@vdh.virginia.gov

VDH Application Help Desk Contact Information:	
Phone Number	804-864-7200 and select option 2
FAX Number	804-864-7771
Email	oim_webappshelp@vdh.virginia.gov