

Virginia Vital Events and Screening Tracking System

VISITS Pediatric Primary Care Physicians User Access Request Form

NAME: Last
E-Mail:

First
User ID:

Middle
Phone#:

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

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
<input checked="" type="checkbox"/>	BASIC_LOGIN	This role need be assigned to all users of the application.
<input type="checkbox"/>	PEDIATRICIAN_HEARING	This role is used by primary care provider Virginia Early Hearing Detection Intervention and Education Program (VEHDIP) users.

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