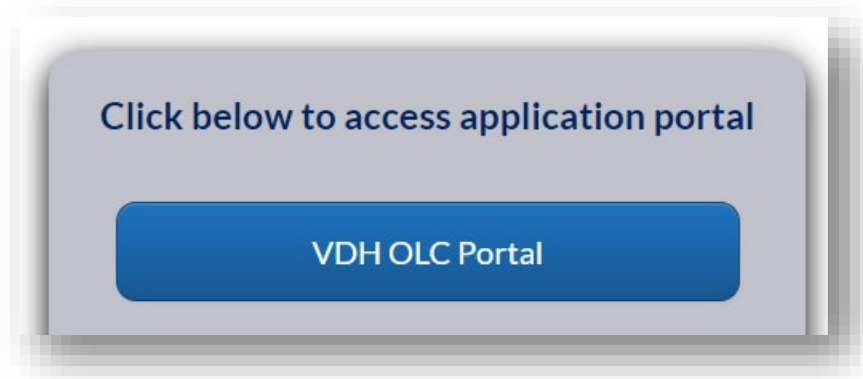
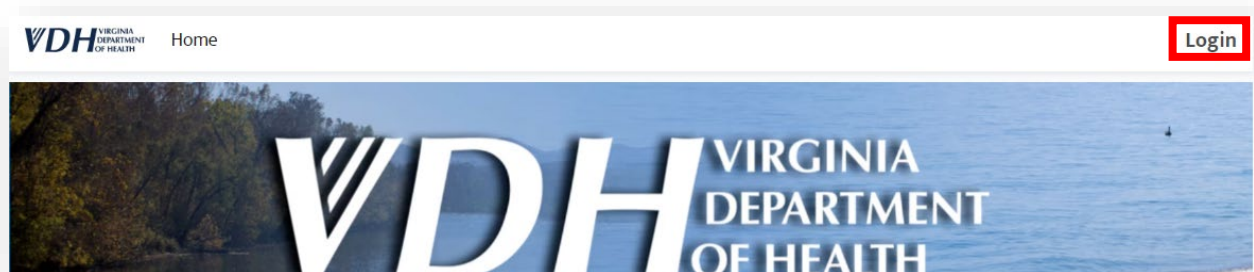


Requesting User Access as an Existing Licensee

1. Visit the portal by either visiting this link (<https://vita-vdh.my.site.com/olcportal/s/>) or clicking on the portal button on the Office of Licensure and Certification's website:



2. In the upper right hand corner, click on "Login":



3. On the Login screen, click on "Request Access":

VDH VIRGINIA
DEPARTMENT
OF HEALTH

Username

Password

Log in

[Forgot your password?](#) [Request Access](#)

4. Provide your email address on the next screen and then click "Next":

VDH VIRGINIA DEPARTMENT OF HEALTH Home Login

User Access Request

* Email

Next

5. Provide your name, title, and phone number and then click "Next":

User Information

* First Name	* Last Name
<input type="text"/>	<input type="text"/>
* Title ⓘ	* Phone Number
<input type="text"/>	<input type="text"/>

Previous

Next

6. On the next screen, you need to identify your facility. Start typing your facility's *legal* name and a list of suggestions will pop up:

Facility/Agency Information

* Legal Name of Facility/Agency

- Comfort Homecare Services, LLC - Stafford
- Comfort Care In Home Services, LLC - Suffolk
- Comfort Home Health Care, LLC - Reston
- At Home Comfort, LLC - King George
- Old Point Comfort, LLC - Hampton
- Comfort Promise Home Health Care, LLC - Haymarket

Many facilities have *very* similar names so make sure you've picked the correct one.

What do I do if my facility doesn't show up in the list?

STOP – do not file a user access request. This will cause duplicate information in our database and may cause issues with your license number. Email Rebekah Allen (rebekah.allen@vdh.virginia.gov) with the legal name of your facility, your “doing business as” or “DBA” name (if any), and your license number, and she will work with you to resolve the issue.

7. Select your facility and the remaining fields will auto-populate; grayed out fields cannot be edited here. WAIT FOR THE FIELDS TO AUTO-POPULATE BEFORE SUBMITTING YOUR REQUEST:

Facility/Agency Information

* Legal Name of Facility/Agency

Type of Facility

Fictitious Name ("doing business as" or "DBA") of Facility/Agency ⓘ Facility/Agency Physical Address

City/Town State

County/Independent City Zip Code

Telephone Number Fax Number

What do I do if my facility's details (e.g., address, etc.) aren't correct?
PROCEED to file a user access request. Then email Rebekah Allen (rebekah.allen@vdh.virginia.gov) with the legal name of your facility, your "doing business as" or "DBA" name (if any), your license number, and what details are incorrect. She will work with you to resolve the issue.

8. You may also provide information about other persons who can request user access to make changes to your facility's account and then click "Submit." They will still have to request their own user access account, but this helps us process those requests when they come in.

Telephone Number Fax Number

Additional Authorized Users