

<h2 style="margin: 0;">CHCS / AHLTA Systems Account Creation</h2> <p style="margin: 0; font-size: small;">User/Provider Data Collection Form * indicates a required field. Contact Database Administrators at 433-4600 with any questions on the use of this form.</p>		System*: <input type="radio"/> CHCS <input type="radio"/> AHLTA <input type="radio"/> BOTH <input type="checkbox"/> New User <input type="checkbox"/> Terminate User <input type="checkbox"/> Modify User <input type="checkbox"/> Forgot Codes <input type="checkbox"/> Returned From Deployment	
AHLTA account from previous location?* <input type="radio"/> YES <input type="radio"/> NO If Yes, Location:			
Record ID#:	(to be assigned)		
Status:	Submitted		
Legal Name (Last,First,Middle Initial)*			Duty Phone:*
SSN		MEDPAC Account	
Email			
Date of birth (MM/DD/YYYY)*		Gender*	<input type="radio"/> Male <input type="radio"/> Female
Supervisor Name (Last, First)*			Supervisor Phone:*
Title*	<input type="radio"/> <input style="width: 100px; height: 15px;" type="text"/> <input type="radio"/> Provider <input type="radio"/> RN <input type="radio"/> LPN <input type="radio"/> Medic/Nurse Assistant <input type="radio"/> Clinic Clerk <input type="radio"/> Ward Clerk <input type="radio"/> Medical Student		
Specialty Position*	<input type="radio"/> <input style="width: 100px; height: 15px;" type="text"/> <input type="radio"/> Section chief <input type="radio"/> OIC <input type="radio"/> Supervisor <input type="radio"/> HN / CNS <input type="radio"/> CRNA / NP <input type="radio"/> None		
Provider Specialty Code	If numeric code not known, type description. (i.e. Emergency Physician, Surgery Resident, etc.)		
Department*		Branch and Grade* (Include Rank)	
MOS Code (if any)			
CHCS Primary Menu: <input style="width: 200px; height: 15px;" type="text"/> Secondary Menus: <input style="width: 250px; height: 40px;" type="text"/> Security Keys: <input style="width: 250px; height: 40px;" type="text"/>		AHLTA Associated Clinics: User Groups:	
Classes Attended		Enrolled for	If no TES account, call x4700.
Trusted Agent Notes			
Trusted Agent Name		Date	
Signature		Date Entered:	(for Administrator)