

New User/Service Provider Request Form

Return this form to iowaconnectedhelpdesk@idph.iowa.gov**NOTE: It may take a few days before a user will have access to the database after the user sets up their two factor**

User Information

User Name: _____

User
Credentials
(i.e. RN,
RDH, MD):

User Email
Address: _____Contracting
Agency
Name: _____

CSA #

Manager
Requesting
adding
User: _____

Subcontract Information

Is the user a subcontractor? Yes No

If the user is a subcontractor, provide the subcontracting agency name: _____

Data Entry and/or Service Provider Indicator- Only Pick ONE

User WILL enter data AND needs to be in the Service Provider Dropdown for Services User ONLY needs to be in the Service Provider dropdown for services and will NOT enter data

Population Access- Your agency must have a current contract

User will need to view and have access to enter data for the following populations & **your agency holds a contract to view:**Child & Adolescent Health Oral Health Maternal Health 1st Five I-Smile Silver Family Planning **NOTE: The user must be a current employee, have a valid/working email address and are actively ready to set up their account - Please follow the instructions, check all spellings and email addresses before submitting this form as it will affect their ability to login and may cause a significant delay in their ability to access the data system.**

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