

DCP/ISB **USER REGISTRATION FORM**

To complete see instructions on reverse

Request Type: Add new user Change access rights Delete user
 Add temporary user (Contractor, student, etc.) Expires ___/___/___

User Information: (Check appropriate box for access requested under "ISB Systems Security Administrator(s)")

Title: _____ Last Name: _____ First Name: _____ MI: _____
Building/Room: _____ Street: _____ City: _____ State: ___ Zip: _____
E-Mail Address: _____@_____
Telephone # (____) _____ - _____ ext. _____ FAX Phone # (____) _____ - _____
DCP Branch: _____, Non-DCP Agency: _____ Admincode: _____
SSN: _____ - _____ - _____

OPDIV/Program Head

I hereby request that the above named person be registered as a user of the ISB Computer System. I further understand that I MUST notify the ISB Security Administrator and the DCP Approving Official, within 24 hours, when the above named person is transferred, reassigned, or terminated.

Print name: _____ Date: ___/___/___

Signature: _____

DCP Approving Official

Print name: **CAPT Denise Canton** Date: ___/___/___

Signature: _____

ISB Systems Security Administrator(s)

Date Received: ___/___/___ Date Assigned: ___/___/___

- | | | |
|---|--------------------|-------------------------------|
| <input type="checkbox"/> WANG Apps | Assigned ID: _____ | Signature: _____ |
| <input type="checkbox"/> LAN - DCP/ISB; NT Domain | Assigned ID: _____ | Signature: _____ |
| <input type="checkbox"/> I70 - ISB | Assigned ID: _____ | Signature: _____ |
| <input type="checkbox"/> WEB Reporting | Assigned ID: _____ | Signature: _____ |
| <input type="checkbox"/> ORACLE Apps - DCP | Assigned ID: _____ | Signature: _____ *Role: _____ |
| <input type="checkbox"/> Viewstar | Assigned ID: _____ | Signature: _____ |
| <input type="checkbox"/> IBM | Assigned ID: _____ | Signature: _____ |

*(See reverse for codes)

Registered User

I acknowledge that I have received a security briefing; and that the User ID(s) I receive allowing me access to the ISB & C. O. System is/are to be used only for the purpose of conducting official business. I understand that I am responsible for the safeguard of the password, and that any disclosure of password or unauthorized use of the system will be considered a serious breach of security, and could lead to disciplinary action and/or prosecution under title 18 U.S.C.

Signature: _____ Date: ___/___/___

Last Updated 11/30/2001

Instructions:

1. ALL INFORMATION MUST BE FILLED IN COMPLETELY, PRINT OR TYPE.
2. For DELETE Actions, complete only the FULL Name, Organization, and Authorized signature.
3. Return completed and approved User Registration Form to:

ISB Security Administrator
PSC/RM 4-09
5600 FISHERS LANE
ROCKVILLE, MD. 20857-0001

Agency

OPHS Office of Public Health and Science
ACF Administration for Children and Families
AHCPR Agency for Health Care Policy and Research
ATSDR Agency for Toxic Substances and Disease Registry
MSA Medical Services Assistant
CDC Centers for Disease Control
FDA Food and Drug Administration
HCFA Health Care Financing Administration
HRSA Health Resources and Services Administration
IHS Indian Health Service
NIH National Institutes of Health
PSC Program Support Center
SAMHSA Substance Abuse and Mental Health Services Administration
USCG U.S. Coast Guard
USEPA U.S. Environmental Protection Agency
BOP Federal Bureau of Prisons
NOAA National Oceanic and Atmospheric Administration
DOD Department of Defense
OS Office of the Secretary
STE St Elizabeths/DC Mental Health
JUST Department of Justice

Roles

EBS Executive Board Secretary
TUS Transactions Unit Supervisor
CPSB Chief PSB
LTT Lead Transactions Technician
MSA Medical Services Assistant
MS Medical Specialist (M.D.)
CA COER Administrator
CT COER Technician
PTR Transactions Technician- Read Only
PT Transactions Technician
DDCP Director DCP
SA Suitability Adjudicator
COS Costep Coordinator
LIC Licensure Coordinator