Virginia Vital Events and Screening Tracking System VISITS Non-Hospital Birthing Facility User Access Request Form

NAME: Last E-Mail:	User ID:	Phone#:	
(REQUIRED- users that do not provide ema	il address will not be approved for VVE	STS/VISITS access.)	
Hospital Name:			
Address:	City	State	Zip Code
Access will be associated with this address/	facility ONLY)		
Norking Title:		Date:	
Optional: Notary ID #:		Notary Expiration Date:	
Role Name	Description of Job Function	on	
BASIC_LOGIN	This role need be assigned t	to all users of the application.	
NON-HOSPITAL	This role is used by non-hospital birthing facility Virginia Early Hearing Detection Intervention and		
BIRTHING FACILITY_HEARING	Education Program (VEHDIF	P) users.	
SIGNATURES Employee/Contractor:		Date:	
-	access to Virginia Vital Even	e by faxing this form to (804) 864 nts and Screening Tracking Syst	
MANAGEMENT APPROVAL:			
Supervisor/Manager/Program D	Director		
Print Name: Last	First	Middle	
Title:	Phone #:	Email:	
Signature:			Date:
VDH APPROVAL: Division of Child and Family He For Program Questions please	call 866-493-1090 Email; va	a_ehdi@vdh.virginia.gov	Date:
VDH Application Help Desk		7000 and salest satisfic 0	
Phone Number	804-864-7200 and select option 2		
FAX Number	804-864-7155		
Email	oim_webappshelp@vdh.virginia.gov		