

County System User(s) Activation Request Form



Person Requesting Activation

Name: _____ Title: _____

Vendor Agency: _____ E-Mail: _____

System Level User Information

CCNY Use Only:

Name	Email Address	Supervisor of New Staff to be added:	Account Requested:	Date Access Sent	Date Assigned
			EC Supervisors Probation FST Diversion SPOA FST Intake		
			EC Supervisors Probation FST Diversion SPOA FST Intake		
			EC Supervisors Probation FST Diversion SPOA FST Intake		
			EC Supervisors Probation FST Diversion SPOA FST Intake		
			EC Supervisors Probation FST Diversion SPOA FST Intake		
			EC Supervisors Probation FST Diversion SPOA FST Intake		

Approval of Provider Change Request

The above request cannot be processed until this section is complete.

(Signature)

Name (Print)

(Date)

(Title)

Verification of Provider Change Request

I verify that the above-described provider(s) have been activated in Fidelity EHR according to the above instructions.

CCNY(Signature)

CCNY Name (Print)

(Date)

* This form can be sent to CCNY via email (dnichy@ccnyinc.org) or fax (716)855-0004 attn: Doug.