

VISN 9 ACCESS FORM AND VA RULES OF BEHAVIOR

LAST, FIRST, MI.:				SSN:			
REQUEST ACCESS TO VISN 9 STATION (S): (VAMC Memphis, TVHS, Lexington, Huntington, etc): * Requests for system access by remote users shall be requested in writing to the IRM Chief or designee(s). The request shall state the individual's name, service, telephone number, mail routing symbol, and purpose for access and shall have the concurrence of a higher-level official within the requestor's facility.							
Service:				Phone:			
Duty Title:				Routing:			
CURRENT DUTY STATION/AGENCY:							
Cyber Security Awareness training completion date: HIPAA Privacy course completion date:							
Non-VA Employee: <input type="checkbox"/> Security clearance or SAC (Fingerprint check) completed on: Volunteer <input type="checkbox"/> Student <input type="checkbox"/> WOC <input type="checkbox"/> Medical Resident <input type="checkbox"/> Contractor <input type="checkbox"/> Projected termination date: Note: Access requests for VA systems will not be processed prior to confirmation that the security clearance and/or SAC (Fingerprint check) has been completed.							
Network account: <input type="checkbox"/> Outlook/Exchange account: <input type="checkbox"/> VISTA: <input type="checkbox"/> VISTA TEST: <input type="checkbox"/> FORUM: <input type="checkbox"/> _____ : <input type="checkbox"/>				CPRS: <input type="checkbox"/> National Provider ID: Co-signature required: <input type="checkbox"/> User Class: Person Class Taxonomy code V: Person class effective date: Degree:			
One-VA VPN / RESCUE Access: <input type="checkbox"/> (Provide justification below) Remote access device: <input type="checkbox"/> VA Issued PC/Laptop <input type="checkbox"/> Personal PC/Laptop Personal PC Firewall software _____ (Type, version) Personal PC Virus software _____ (Type, version) Personal PC Hard Drive Encryption software _____ (Type, version) One-VA VPN / RESCUE Justification:							
Primary Menu Option:						<input type="checkbox"/> ADD <input type="checkbox"/> <input type="checkbox"/> DELETE	
Secondary Menu Option(s):							
<i>Additional menu options that require ADPAC initialed approval for their package.</i>							
OPTION	ADD	DEL	INT	OPTION	ADD	DEL	INT
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

Security Key(s): (ADPAC initial approval for their Security Key(s):							
KEY	ADD	DEL	INT	KEY	ADD	DEL	INT
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

Service Chief/Line Manager Certification: I have ensured that all VA procedural and regulatory requirements have been accomplished and the applicant is authorized to access the VA information systems requested

 (Print Name and Sign) **Service Chief/Line Manager**
 DATE: _____

ISO
 DATE: _____

CIO _____
 DATE: _____

DIRECTOR
 DATE: _____