

## Individual User Account Maintenance Form

### NURSING FACILITY INFORMATION

1	Facility ID (Licensure Number)	2	Facility Name
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### INDIVIDUAL USER INFORMATION

Type of Request (Select One)

3	Create New User Account	Modify User's Access Note: Do not use to modify Field 7		Remove User's Access	
4	Last Name	5	First Name	6	Middle Initial
7	User's Company Email Address			8	Telephone Number

### ADMINISTRATOR AUTHORIZATION/CONTACT PERSON

By signature and date below, the administrator of the facility is authorizing granting/removing access for the individual in the INDIVIDUAL USER INFORMATION section. If there are any questions concerning the information submitted on the form, the Contact Person named here will be contacted for clarification.

9	Administrator's Signature			10	Date
Administrator's Name (Type or Print)					
11	Last Name	12	First Name	13	Middle Initial
14	Administrator's Company Email Address			15	Telephone Number
Contact Person's Name (Type or Print; Only required if different than the Administrator)					
16	Last Name	17	First Name	18	Middle Initial
19	Contact Person's Company Email Address			20	Telephone Number

### GRANT ACCESS (Required for account creation or access modification. Do not complete when removing access)

Mark all that apply, even if the user already has access.

21	Should the user be able to view CMI Reports?	Yes	No
22	Should the user be able to upload signed CMI Report Certification Pages?	Yes	No
23	Should the user be able to submit MA-11 Cost Reports?	Yes	No