

## TriStatePHO.org Account Request Form

*Please fax to Anna Adams at 513-636-0167*

Each person from your practice (including physicians, nurses, MAs, practice manager, and other staff members) requiring access to the TriStatePHO.org website and web-based asthma registry will need to have a unique UserName and Password. **Please have each individual separately fax the following information to us:**

**Practice Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Position:** (please check applicable category)

Physician- please indicate your degree	Nurse-please indicate your degree/certification	Practice Manager	Will you perform data entry into asthma registry?? (Y/N)	Asthma Quality Improvement Team	Website Contact (requires e- mail address)	CHSCN Quality ImprovementTeam	Other (please specify title)

**User Name:** \_\_\_\_\_  
(no spaces, minimum of 5 characters, all lower case)

**Password:** \_\_\_\_\_  
(minimum of 6 characters—must contain  
at least one number: 0, 1, 2, etc, all lower case)

**When your account has been set up, how would you like to be notified?**

(please check your preference and enter your phone, fax, and email address)

Phone	( ) -
Fax	( ) -
Email	
Other (please specify)	

**Office use only**

	<i>Date</i>	<i>Time</i>	<i>By</i>	<i>Via</i>
<i>Fax Received</i>				<i>fax</i>
<i>User Verified</i>				
<i>Account Entered</i>				<i>web</i>
<i>Account Tested</i>				<i>web</i>
<i>User Notified</i>				
<i>ID Number Recorded</i>				<i>database</i>