



DEPARTMENT OF HEALTH

Request for Access to PEMS Client-Level Data

Please complete the top half of this form with the first and last name of the staff member who will need to handle PEMS client-level data as a result of current job duties, and a brief description of what this person's duties will be with regards to PEMS.

**To be completed by a supervisor of the staff member**

Organization Name: \_\_\_\_\_

Staff Member's Name (first, last): \_\_\_\_\_

Staff Member's Start Date (mo/yr): \_\_\_\_\_

What duties/responsibilities will this person have which require that he/she handle PEMS client-level data?

\_\_\_\_\_

Submitted By: \_\_\_\_\_

**To be completed by the PEMS System Administrator**

Staff member signed:

- PEMS User Confidentiality Statement:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Statement of Acknowledgement and Agreement of PEMS Confidentiality and Security Policies:  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Staff member completed the PEMS Confidentiality and Security Quiz  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff member needs digital certificate?  Yes  No

If Yes, user account created:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed Worker Information Worksheet:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_