



DOEA eCIRTS New User Request

To request a new user account, please provide the following information:

Provider Information

PSA			
Primary Provider Name			
eCIRTS Primary Provider Number			
Additional Provider Number(s)			
Supervisor Name			

Employee(Worker) Information

First Name			
Last Name			
Email Address			
Start Date (New user only)			

Requested Role(s)

- | | |
|--|--|
| <input type="checkbox"/> eCIRTS Assignment Manager | <input type="checkbox"/> eCIRTS Unit Posting PSA1 |
| <input type="checkbox"/> eCIRTS Cares Worker | <input type="checkbox"/> eCIRTS Unit Posting PSA2 |
| <input type="checkbox"/> eCIRTS Finance | <input type="checkbox"/> eCIRTS Unit Posting PSA3 |
| <input type="checkbox"/> eCIRTS Provider | <input type="checkbox"/> eCIRTS Unit Posting PSA4 |
| <input type="checkbox"/> eCIRTS Records Management | <input type="checkbox"/> eCIRTS Unit Posting PSA5 |
| <input type="checkbox"/> eCIRTS Read Only Management | <input type="checkbox"/> eCIRTS Unit Posting PSA6 |
| <input type="checkbox"/> eCIRTS Read Only Other | <input type="checkbox"/> eCIRTS Unit Posting PSA7 |
| <input type="checkbox"/> eCIRTS Special Program | <input type="checkbox"/> eCIRTS Unit Posting PSA8 |
| <input type="checkbox"/> eCIRTS SSN Manager | <input type="checkbox"/> eCIRTS Unit Posting PSA9 |
| <input type="checkbox"/> eCIRTS Vendor | <input type="checkbox"/> eCIRTS Unit Posting PSA10 |
| <input type="checkbox"/> eCIRTS Worker | <input type="checkbox"/> eCIRTS Unit Posting PSA11 |
| <input type="checkbox"/> IR Specialist | |
| <input type="checkbox"/> Resource Directory Management | |

Comments/Notes (If the ADA roles needed, include below)