



## Intermountain Healthcare User Registration Request

**\*Note: this form is for Intermountain Healthcare employees only.**

USER (All information is required.)	
First Name:	Supervisor's Name:
Middle Name	Supervisor's Phone:
Last Name:	
Maiden/Other Last name used:	
Birth Date:	
Work Email:	
Office Phone:	

FACILITY (All information is required.)	
Facility Name:	
Facility Address:	
City:	USIIS Provider Facility ID (if known):

Please check USIIS Services required to conduct your job at the facility. These are services that cannot be accessed from within the Cerner iCentra application.
<input type="checkbox"/> Clinic Reports and Batch Processes
<input type="checkbox"/> Doses Administered Reporting
<input type="checkbox"/> Vaccine Inventory

### Signature of User

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Submit to**  
Utah Department of Health  
USIIS Program  
Email: [usiistracking@utah.gov](mailto:usiistracking@utah.gov)