



Intermountain Healthcare User Registration Request

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

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

FACILITY (All information is required.)	
Facility Name:	
Facility Address:	
Facility Phone:	
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