

Intermountain Health User Registration Request

Note: this form is for Intermountain Health employees only.

USER INFORMATION (All fields must be completed)	
First Name:	Role at Facility:
Middle Name:	
Last Name:	
Maiden/Another Last Name Used:	
Birth Date:	Supervisor's Name:
Work Email:	Supervisor's Email:
Office Phone:	Supervisor's Phone:

FACILITY (All fields must be completed)	
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

Print Name _____

Signature _____

Date _____

Submit to:

Utah Department of Health

USIIS Program email:

usiistracking@utah.gov