



CTLS Account Request Form (CTLSARF)

Counseling Testing and Linkage System (CTLS)

THIS FORM MUST BE TYPED, HAND WRITTEN SARFS WILL NOT BE ACCEPTED

☐ New User*

For CBO/CHD/DOH Staff, please include the applicant's current Network Username*

☐ Close Account* ☐ Access Additional Sites* ☐ Adjust User Access Level/Groups* ☐ Other*

For these selections, please include the applicant's current CTLS Username*

*First Name	*Last Name	Middle Initial	
*Work Phone	Extension	*Email Address	Site Name (exactly as it appears in CTLS)
*Site Address		Site City	*Site Number

*Job Title

*Job Description (please provide high level job duties)

*Recent 500/501 Training Completed: Yes ☐ No

*CTLS System Training Completed: Yes ☐ No

☐ Completion Date:

☐ Completion Date:

*User Type (pick only one)

Facility Administrator Facility User EIC User

*Section / Module (pick only one, exceptions may apply)

☐ 1628 ☐ PS2010 ☐ HEP C ☐ TOPWA

**If 1628 is selected, then please specify the Lab you are sending the specimen to, in the Lab section listed below.

*Lab (pick only one, exceptions may apply)

☐ Jacksonville ☐ Miami ☐ Commercial / Private

*Specific Area / County / Site:

** If a user is given Administrator rights, he/she will be able to approve CTLS Section Account Request Forms for future individuals. If you do not want a person to have the ability to approve or request new users, close out accounts, etc., do not grant them the Administrator User Level. **Note:** * denotes field is 'Required'.

*Comments box

*Applicant's Signature

*Date

I acknowledge that I have read and understand the Department of Health (DOH) Information Security and Privacy Policy (DOHP 50-10-16). I will follow all of the rules and regulations outlined in the DOHP 50-10-16. I understand that failure to adhere to these rules and regulations may result in disciplinary action up to and including removal of access to CTLS and/or dismissal. The CTLS application URL - <https://ctls.floridahealth.gov/ctlsazure/Home/Index>.

*Supervisor's Signature

*Supervisor Print Name

*Date

The Agency must notify the Help Desk at least five (5) days prior to any CTLS user's final day of employment. If termination is unexpected, the Help Desk needs immediate notice. The Help Desk must also be informed of any misuse by a CTLS User, as well as if a CTLS User changes positions within the Agency and should no longer have access. For the Help Desk Support contact HIVAppSupport@FLHealth.Gov or at the number, 850-245-4744.

Site Administrator – A CTLS Site Administrator must approve any action on a CTLS Section Account Request Form. They must print and sign their name and add their CTLS User Id. An Agency CTLS Site Administrator can only approve actions for the site they belong to.

*Site Administrator (Print Name) _____

*Site Administrator (Signature & Date) _____

*CTLS Username _____



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*Area (EIC/Juris) Administrator (Print Name) _____

*Area (EIC/Juris) Administrator (Signature & Date) _____

*CTLS Username _____

*Central Office (FDOH Manager) (Print Name) _____

*Central Office (FDOH Manager) (Signature & Date) _____

*CTLS Username _____