



CTLS Account Request Form (CTLSARF)

Counseling Testing and Linkage System (CTLS)

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

<input type="checkbox"/> New User For county health department/Department of Health staff, please include the applicant's current Network ID	
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<input type="checkbox"/> Close Account <input type="checkbox"/> Access Additional Sites <input type="checkbox"/> Adjust User Access Level/Groups <input type="checkbox"/> Other For these selections, please include the applicant's current CTLS User ID	
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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)

Training _____ Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completion Date _____	

User Type (pick only one)	
<input type="checkbox"/> System Administrator <input type="checkbox"/> Program Administrator <input type="checkbox"/> Facility Administrator <input type="checkbox"/> Facility User <input type="checkbox"/> EIC User <input type="checkbox"/> Juris User	
Section / Module (pick only one, exceptions may apply)	
<input type="checkbox"/> 1628 <input type="checkbox"/> PS2010 <input type="checkbox"/> HEP C <input type="checkbox"/> TOPWA	
<small>**If 1628 is selected, then please specify the Lab you are sending the specimen to, in the Lab section listed below.</small>	
Lab (pick only one, exceptions may apply)	
<input type="checkbox"/> Jacksonville <input type="checkbox"/> Miami <input type="checkbox"/> Commercial / Private	
*Specific Area / County / Site: _____	
<small>** 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.</small>	

Comments box Click here to enter text.

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 User Id _____



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EIC Area Administrator (Print Name) _____

EIC Area Administrator (Signature & Date) _____

CTLS User Id _____

Central Office (FDOH Manager) (Print Name) _____

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

CTLS User Id _____