

REQUEST FOR eIT PMO USER ACCOUNT

PURPOSE: To request a user account for any eIT PMO Product.						
DISCLOSURE: Mandatory. Failure to provide this information could result in the applicant not being able to receive an account.						
DoD REQUESTOR COMPLETE SECTION A - GENERAL INFORMATION						
ROUTING: SEND TO usarmy.detrick.medcom-usarmmc.mbx.eit-pmo-help-desk@health.mil						
SECTION A - GENERAL INFORMATION (To be completed by the Requestor)						
1. TYPE OF ACCOUNT REQUESTED:						
(i.e. "EDMS, LIMS, EDC, eCTD, etc.")						
2. USER INFORMATION:						
2a. Rank/Title:		2b. Full Name (First MI Last):				
2c. Status:	Military	Civilian	Student	Contractor	Foreign National	Other:
2d. Street Address:			2e. Zipcode:			
2f. Organization:		2g. Company:				
2h. Office Symbol:		2i. Bldg No/Room No:		2j. Phone:		
3. EFFECTIVE DATE OF REQUEST: (YYYYMMDD)		4. PRIMARY WORK EMAIL (i.e. "@health.mil"):				
5. REQUESTOR SIGNATURE BLOCK						
5a. Requestor Digital Signature:		5b. Date Signed: (YYYYMMDD)				
SECTION B – ACCESS APPROVALS (To be filled out by the POC/KM)						
1. EDMS USERS ONLY						
1a. Links/Paths to EDMS Folder Requiring Permissions:						
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1b. Permissions Needed:						
Guest (read)	User (read/write)	User Delete (read/write/delete)				
2. KM / POC SIGNATURE						
Section C - AUTHENTICATION (To be completed by the eIT PMO Product Support Team)						
1.System:	2. Privileges:	3. Date Signed (YYYYMMDD):	4. CSA Signature:			
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SECTION D - APPROVAL (To be completed by USAMRDC HQ IASO)						
1. IASO Printed Name:		2. IASO Signature:	3. Date Signed (YYYYMMDD)			