

REQUEST FOR eIT PMO USER ACCOUNT

PURPOSE: To request a user account to an eIT PMO Product for a non-DoD partner.

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-usamrmc.mbx.eit-pmo-help-desk@health.mil

SECTION A - GENERAL INFORMATION (To be completed by the Requestor)

1a. TYPE OF ACCOUNT REQUESTED:

(i.e. "EDMS, eCTD, EDC, etc.")

2. USER INFORMATION:

2a. Rank/Title: 2b. Full Name (First MI Last):

2c. Status: Military Civilian Student Contractor Foreign National Other:

2d. Requestor's Company or Organization:

2e. Sponsor Organization/Activity:

2f. Sponsor Email:

2g. 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:

1b. Permissions Needed:

Guest (read)

User (read/write)

User Delete (read/write/delete)

SECTION C – VERIFICATION (To be filled out by Government Sponsor/Approval Authority for Non-DoD Users)

1. STATUS

Approved for access specified by the System Access POC listed in Section A. Check if approved:

2. NON-DOD FOREIGN NATIONALS

Derogatory check (at minimum) has been conducted. Check if verified:

3. GOVERNMENT SPONSOR SIGNATURE

Section D - AUTHENTICATION (To be completed by the eIT PMO Product Support Team)

1. System: 2. Privileges: 3. Date Signed (YYYYMMDD): 4. Proponent Signature:

SECTION E - APPROVAL (To be completed by USAMRDC HQ IASO)

1. IASO Printed Name:

2. IASO Signature:

3. Date Signed (YYYYMMDD)