

User Account Administrator (UAA) Agreement

Please print clearly

Section 1: User Account Administrator Information *(all information is required)*

1. FACILITY ID NUMBER:	2. FACILITY NAME:
3. NAME (FIRST, MIDDLE INITIAL, LAST AND CREDENTIALS):	
4. POSITION (TITLE):	5. SUPERVISOR NAME:
6. BUSINESS ADDRESS (MAILING ADDRESS):	7. UNIQUE EMPLOYEE IDENTIFIER : <i>Note: An identifier that uniquely distinguishes you within your organization.</i>
8. BUSINESS PHONE:	9. BUSINESS FAX:
10. EMAIL ADDRESS:	
11. AUTHENTICATION WORDS: <i>Remember these words. You may be asked to identify yourself with this information if you call to reset your password.</i>	
a. <i>Your mother's maiden name:</i>	b. <i>Your city of birth:</i>
<p>I understand that as an appointed User Account Administrator on behalf of the facility, I have the responsibility to:</p> <ol style="list-style-type: none"> 1. Create/add and inactivate user accounts for other users on behalf of my facility. Creating a user account includes granting access roles for an individual to read, submit and/or correct my facility's confidential data. Removing granted access roles and/or inactivating user accounts revokes this access. 2. Modify the information for my facility's Primary, Secondary and Administrator Contacts. This notifies OSHPD of any changes in name, mailing address, phone number, and email address for each contact. Modifying user account contact information directly changes the information on the OSHPD database. 3. Change passwords for users within my facility. In the event that a user misplaces or forgets their password, they will be directed to contact their User Account Administrator to have it reset. The User Account Administrator should authenticate the user prior to resetting the password and issuing a new password. 4. Unlock user accounts. User accounts will be locked after three (3) unsuccessful log on attempts. When the account is locked, users will be required to contact their User Account Administrator to unlock their account. 5. Reactivate inactive accounts. NOTE: After 270 consecutive days (9 months) of inactivity, user accounts may be inactivated. <p>By signing this document I acknowledge reading, understanding, and agreeing to its contents.</p>	
12. USER ACCOUNT ADMINISTRATOR SIGNATURE:	13. DATE:

Section 2: Facility Administrator Approval *Authorized by the person in charge of the day-to-day operation of the facility (CEO or equivalent).*

14. FACILITY ADMINISTRATOR NAME <i>(please print):</i>	15. FACILITY ADMINISTRATOR SIGNATURE:
16. DATE:	17. PHONE NUMBER:

The completed form shall be sent to OSHPD for each User Account Administrator needing UAA access. **Fax to: (916) 327-1262**

Section 3: For OSHPD use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

User Account Administrator (UAA) Agreement Instructions

Make a copy of the completed form for your records.

SECTION 1: User Account Administrator Information *(All fields must be completed) -- To be completed by the prospective User Account Administrator.*

1. Facility ID Number: Provide your OSHPD assigned six digit facility number.
2. Facility Name: Provide the licensed name of your facility.
3. Name and Credentials: Provide your full name and credentials (if applicable).
4. Position (Title): Provide the position held at your facility.
5. Supervisor Name: Provide the name of your supervisor/manager.
6. Business Address (Mailing Address): Enter the business address where you can receive mail.
7. Unique Employee Identifier: Provide an identifier that your facility uses that uniquely distinguishes you from other employees within your organization. (e.g. title, badge number, employee number, etc.)
8. Business Phone: Provide a phone number where you can be contacted.
9. Business Fax: Provide a fax number where you can receive faxes.
10. Email Address: Provide an email address where you can be contacted.
11. Authentication Words: The authentication words provided may be used to identify you in the event that a password reset is required. It is important to remember this information.
 - a. Provide your mother's maiden name.
 - b. Provide your city of birth.
12. User Account Administrator Signature: If you acknowledge reading, understanding and agreeing to the contents of this document, provide your signature.
13. Date: Provide the date of signature.

SECTION 2: Facility Administrator Approval *(All fields must be completed) – To be completed by the Facility Administrator (CEO or equivalent). This should be the person who is in charge of the day-to-day operation of the facility . OSHPD will cross reference this name against the name supplied by your facility as the Facility Administrator contact person.*

14. Facility Administrator Name: Print name.
15. Facility Administrator Signature: After you have reviewed and approved the completed User Account Administrator Agreement, provide your signature indicating approval of this person to act as a User Account Administrator.
16. Date: Provide the date of signature.
17. Phone Number: Provide a phone number.

SECTION 3: For OSHPD Use Only