

Request for EMResource Access

Instructions

To request a username and password for an account with access to Juvare's EMResource, email this completed form to the [Department of Health Services Hospital Preparedness Program Team](#).

Requests should come from the supervisor of the new user. The request should include name of new user, name(s) of organization(s) access is needed for, work email address, work phone number, position title, and requested access level.

Name of new user (First, Last): _____

Name of organization(s): _____

Work email address: _____ Work phone number: _____

Position/title: _____

Access level (Hospitals only): Data entry View/notifications only

Signature — Supervisor: _____

Name (printed): _____ Date signed: _____