



**KDHE Bureau of Community Health Systems
KS-CRA User Identification Form**

Dear Local Health Department Administrators:

Please take a moment to complete the KS-CRA User Identification form and return to the Bureau of Community Health Systems (BCHS). In accordance with the 2011-2012 Preparedness work plan, each Local Health Department must maintain **at least two registered users**. Completing and returning this form ensures that only the users you have selected will have access to your KS-CRA inventory.

Please identify which members of your facility you would like to have access to your KS-CRA inventory. KS-CRA members will be responsible for completing KS-CRA training and, in the instance of an emergency, for tracking medical materials for your facility within the system. **Note: it is only required to have 2 KS-CRA users per facility. Facilities have the option of adding up to 3 users, unless facility requests approval from KDHE for more. If you would like your regional coordinator to have access to your KS-CRA inventory you will need to identify them as a user on this form.**

Facility Name: _____

Name of Person Completing Form: _____

| | | | | | |
|-------------------|----------|----------|-------------------------------------|--|----------------------------------|
| User #1: | | | | | |
| E-mail: | | | Phone: | | |
| RSA Token Holder? | Y | N | WebIZ User? | Y | N |
| | | | <input type="checkbox"/> Interface? | <input type="checkbox"/> Direct Entry? | H1N1 CRA User: Y N |

| | | | | | |
|-------------------|----------|----------|-------------------------------------|--|----------------------------------|
| User #2: | | | | | |
| E-mail: | | | Phone: | | |
| RSA Token Holder? | Y | N | WebIZ User? | Y | N |
| | | | <input type="checkbox"/> Interface? | <input type="checkbox"/> Direct Entry? | H1N1 CRA User: Y N |

| | | | | | |
|-------------------|----------|----------|-------------------------------------|--|----------------------------------|
| User #3: | | | | | |
| E-mail: | | | Phone: | | |
| RSA Token Holder? | Y | N | WebIZ User? | Y | N |
| | | | <input type="checkbox"/> Interface? | <input type="checkbox"/> Direct Entry? | H1N1 CRA User: Y N |

Return form to:
 KDHE-BCHS
 Fax: 785-296-2625
 E-mail: cra@kdheks.gov

Questions? Contact:
 WebIZ HelpDesk
immregistry@kdheks.gov
 phone: 1-877-296-0464