

**This form is for Facility User Requests of the HWSVerified site.**

**Email your final form to** [VerifiedHelp@HealthTrustWS.com](mailto:VerifiedHelp@HealthTrustWS.com)

*If you are a VPro representative/delegate/HR for a Vendor and would like an account to assist your team with their credentialing files, please complete the Delegate form located at <https://vproverified.com/delegate/>*

Request Type	
<input type="checkbox"/>	Initial Request
<input type="checkbox"/>	Modification

Type of Access Needed	
<input type="checkbox"/>	<b>Approver</b> – you are an appropriate leader who needs to review files to approve or deny credentialing requests and need access to reporting
<input type="checkbox"/>	<b>Facility Administrator (IT)</b> – to register VPro workstations
<input type="checkbox"/>	<b>Viewer Access</b> – you only need access to reporting

First Name	
Last Name	
Title	
Email Address (must be HCA, Affiliate or Client Email)	
Department	
Phone Number	
Division or Health System Name	
Your Main Facility Name	
Add'l Facilities Needed	

<b>This form requires one level up sign-off on this request. A digital signature is acceptable.</b>	
As the approver of this request, you guarantee: The person named above for access has training on the processes and this person will only approve or deny access for the Tiers appropriate to that individual's area of responsibility.	
Approver First and Last Name (print)	
Approver Title	
Approver Signature	