

Oklahoma State Department of Health

Oklahoma Screening and Registry Employee Evaluation Network (OK-SCREEN)

End User Security Agreement

Facility/Company Name: _____

Please attach a list of all related entities for which this account shall be authorized. Include the applicable facility/provider license number for each facility. If you are applying for only one facility enter the license number below.

License Number: _____ *(The facility/provider license number for each facility to be accessed under this account must be provided. Otherwise, indicate staffing agency _____ or independent contractor _____ as applicable.)*

Please submit only one Provider End-User Security Agreement. The holder of the account established by this agreement will act as an administrator of accounts for all related entities identified with this application. The account holder will be responsible for collecting and maintaining End-User Security Agreements for any additional accounts created in OK-SCREEN for the identified related entities and for issuing and maintaining those accounts. The holder of the account established by this agreement may create additional administrator accounts for their related entities.

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

Proposed User Name: _____ Phone#: _____

Email: _____

Provider End User Security Agreement

The Oklahoma Screening and Registry Employee Evaluation Network (OK-SCREEN) is password protected. You must register and secure a username and password before you access the secured site. Username and passwords are not to be shared at any time. All users must secure a user name and password from an authorized Oklahoma State Department of Health (OSDH) OK-SCREEN Systems Administrator or Provider User Administrator. You and your company are entirely responsible for maintaining the confidentiality of your username and password. Provider User Administrators are responsible for disabling the user accounts of terminated employees. Furthermore, you and your company are entirely responsible for all activities that occur on this site. You or your company must notify the OK-SCREEN program office immediately of any known or suspected unauthorized use of your username and password or any other breach of security. Contact the OK-SCREEN program office at (405) 271-3598 or send an E-mail to okscreen@health.ok.gov.

My signature acknowledges and confirms that I have read, understand, and accept the terms and conditions as stated in this Provider End User Security Agreement form.

Signature of Account Applicant

Date

THIS FORM REQUIRES THE SIGNATURE OF AN AUTHORIZED OFFICER OF THE LICENSED OPERATING ENTITY. THIS IS GENERALLY NOT THE ADMINISTRATOR

Printed Name of Authorized Person Signing
for the Licensed Operating Entity

Official Title or Position

Signature of Authorized Person

Date

E-mail the completed form to okscreen@health.ok.gov