WebEOC User Registration Form

Office of Public Health Preparedness and Response

Instructions: Each public health emergency preparedness partner agency (i.e., health department, or hospital) may have up to five users per Position Access Code (PAC) in the WebEOC system. Please complete the following form to assign designated staff users access to this secure system. Each agency should maintain the original form in a file, and send a copy to **Elen Steelman** via fax at: 860-707-1919 or via email to: elen.steelman@ct.gov

_____
Organization Name

Applicant 1 (Last/First/Middle Initial):	Title/Position:	Email:
Applicant 2 Name (Last/First/Middle Initial):	Title/Position:	Email:
Applicant 3 Name (Last/First/Middle Initial):	Title/Position:	Email:
Applicant 4 Name (Last/First/Middle Initial):	Title/Position:	Email:
Applicant 5 Name (Last/First/Middle Initial):	Title/Position:	Email:

By signing below, I acknowledge that as Director of Health of a public health department or Manager of Preparedness for a hospital, that employees who have access to the WebEOC system have been informed and accept the following terms of use: The information contained on the State of CT WebEOC system is solely for use by emergency management professionals and other authorized users. Information contained in WebEOC is for official use only, may be part of emergency and emergency preparedness, response, or recover plans and may be law enforcement sensitive and/or otherwise legally protected or exempt from disclosure. Disclosure of certain information within WebEOC may result in a safety risk to one or more individuals or government-owned facilities. Any disclosure, dissemination, copying or distribution of this information either written or in oral form, is strictly prohibited without prior approval of the Deputy Commissioner of the Department of Emergency Services and public Protection, Division of Emergency Management and Homeland Security or State Director of Emergency Management.

Signature of Director	Date

For DPH WebEOC Administrator Use Only

Action Taken: ____Activate New User   ____Deactivate User   ____Change Permissions

Date request received_____/_____/_____   Date request changed_____/_____/_____

Position Name: _____

Position Access Code: _____

Created by DPH WebEOC System Administrator:_____/_____/_____