APPLICATION FOR ACCESS TO CMS COMPUTER SYSTEMS
(Read and complete both sides of this form in ink)

1. Type of Request
   (Check only one)
   □ NEW  □ CHANGE  □ RECERTIFY  □ DELETE

2. User Information
   □ CMS Employee  □ Fraud Investigation
   □ Social Security Admin.  □ End-Stage Renal Disease Network
   □ FMC  □ Federal (other than CMS)
   □ Contractor (non-Medicare)  □ Mgd Care Org/Group Health Plan
   □ State Agency  □ Vendor
   □ Office of the Inspector General
   □ Railroad Retirement Board  □ Peer Review Organization
   □ Social Security Admin.  □ End-Stage Renal Disease Network
   □ Medicare Contr/Intermediary/Carrier  □ Researcher
   □ Contractor (non-Medicare)  □ Mgd Care Org/Group Health Plan
   □ State Agency  □ Vendor
   □ Other (specify): ____________________________

a. SSN (see Privacy Act Advisory Statement on back)  e. Email Address (non-CMS only)
b. Mailing Address-Mail Stop  f. CMS Organization or Company Name
c. Central Office Desk Location  g. Company Telephone Number
d. Daytime Telephone Number  h. Contract Number(s) (non-CMS only)

3. Type of Access Required (P= Production, D=Development, V=Validation, R=Remote/Dialup Access)
   a. Application(s):
      P  D  V  R  ____________________________  P  D  V  R  ____________________________
      ____________________________  ____________________________
      ____________________________  ____________________________
      ____________________________  ____________________________
      ____________________________  ____________________________

   b. Subsystems:
      CICS  ( )  ( )  ( )  ( )  OMVS  ( )  ( )  ( )  ( )
      DB2  ( )  ( )  ( )  ( )  TS0  ( )  ( )  ( )  ( )
      IDMS  ( )  ( )  ( )  ( )  WYLBUR  ( )  ( )  ( )  ( )
      M204  ( )  ( )  ( )  ( )  OTHER  ( )  ( )  ( )  ( )
      NDM  ( )  ( )  ( )  ( )  ____________________________
   c. Expected Frequency of Use: (non-CMS only)  □ Daily  □ Monthly  □ Quarterly  □ Annually

4. Reason for Request

5. Authorization: We acknowledge that our Organization is responsible for all resources to be used by the person identified above and that requested accesses are required to perform their duties. We understand that any change in employment status or access needs are to be reported immediately via submittal of this form.

Requesting Official
   Print Name
   Signature
   Date
   Telephone Number
   CMS Userid
   Contract Number
   Contract Exp. Date
   (Not-to-Exceed Date)

Approving Official
   (for non-CMS user only)
   Print Name
   Signature
   Date
   Title
   Organization
   Telephone Number
   CMS Userid
   Desk Location
   Region

CMS RACF Group Administrator
   Print Name
   Signature
   Date
   Title
   Organization
   Telephone Number

(July 2001)
PRIVACY ACT ADVISORY STATEMENT
Privacy Act of 1974, P. L. 93-579

The information on side 1 of this form is collected and maintained under the authority of Title 5 U.S. Code, Section 552a(e)(10). This information is used for assigning, controlling, tracking, and reporting authorized access to and use of CMS’s (formerly HCFA’s) computerized information and resources. The Privacy Act prohibits disclosure of information from records protected by the statute, except in limited circumstances.

The information you furnish on this form will be maintained in the Individuals Authorized Access to the Centers for Medicare & Medicaid (CMS) Data Center Systems of Records and may be disclosed as a routine use disclosure under the routine uses established for this system as published at 59 FED. REG. 41329 (08-11-94) and as CMS may establish in the future by publication in the Federal Register.

Collection of the Social Security Number (SSN) is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in delaying the processing of this request.

SECURITY REQUIREMENTS FOR USERS OF CMS’s COMPUTER SYSTEMS

CMS (formerly HCFA) uses computer systems that contain sensitive information to carry out its mission. Sensitive information is any information, which the loss, misuse, or unauthorized access to, or modification of could adversely affect the national interest, or the conduct of Federal programs, or the privacy to which individuals are entitled under the Privacy Act. To ensure the security and privacy of sensitive information in Federal computer systems, the Computer Security Act of 1987 requires agencies to identify sensitive computer systems, conduct computer security training, and develop computer security plans. CMS maintains a system of records for use in assigning, controlling, tracking, and reporting authorized access to and use of CMS’s computerized information and resources. CMS records all access to its computer systems and conducts routine reviews for unauthorized access to and/or illegal activity.

Anyone with access to CMS Computer Systems containing sensitive information must abide by the following:

- Do not disclose or lend your IDENTIFICATION NUMBER AND/OR PASSWORD to someone else. They are for your use only and serve as your “electronic signature”. This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use CMS data files for unauthorized or illegal purposes.
- Do not use CMS data files for private gain or to misrepresent yourself or CMS.
- Do not make any disclosure of CMS data that is not specifically authorized.
- Do not duplicate CMS data files, create subfiles of such records, remove or transmit data unless you have been specifically authorized to do so.
- Do not change, delete, or otherwise alter CMS data files unless you have been specifically authorized to do so.
- Do not make copies of data files, with identifiable data, or data that would allow individual identities to be deduced unless you have been specifically authorized to do so.
- Do not intentionally cause corruption or disruption of CMS data files.

A violation of these security requirements could result in termination of systems access privileges and/or disciplinary/adverse action up to and including removal from Federal Service, depending upon the seriousness of the offense. In addition, Federal, State, and/or local laws may provide criminal penalties for any person illegally accessing or using a Government-owned or operated computer system illegally.

If you become aware of any violation of these security requirements or suspect that your identification number or password may have been used by someone else, immediately report that information to your component’s Information Systems Security Officer.

______________________________________________ ___________________________________
Signature of User Date
Instructions for Completing the Application for Access to CMS Computer Systems

This form is to be completed and submitted whenever the following situations occur:
- A user requires access to a CMS computer system to perform their job duties. (Submit NEW Request)
- A user changes names, has a change in access needs, job duties, or moves to another component. (Submit CHANGE Request)
- A user receives notice that they must recertify their access needs. (Submit RECERTIFY Request)
- A user retires, resigns, is removed from a contract with CMS, or for any reason no longer requires access. (Submit DELETE Request)

Section 1: Type of Request
COMPLETE FOR ALL REQUESTS. Check one box indicating type of request, enter name and current CMS UserID in blocks indicated, if using one. A separate form must be submitted for each action desired.

Section 2: User Information COMPLETE FOR NEW, CHANGE AND RECERTIFY REQUESTS. Check employee type, and complete blocks a. through h.

CMS Employees – Blocks e., g. and h. may be left blank. If not stationed at CMS Central Office, provide a complete mailing address in block b. and leave block c. blank.

Non-CMS Employees – Block c. may be left blank if not stationed at CMS Central Office. For block h., if your contract number is unknown, obtain it from your Project Officer or your CMS contact person.

Section 3: Type of Access Required COMPLETE FOR NEW, CHANGE AND RECERTIFY REQUESTS.

For NEW Requests – Check each type of access required. List the names of all CMS applications you require access to (i.e., OSCAR, CROWD, CAFM, CLIA) in block a., Application(s). For each application, check the appropriate columns to indicate the environment(s) access is needed in, and if remote access is required. DO NOT USE THIS BLOCK TO ENTER SOFTWARE THAT IS PART OF THE STANDARD CMS WORKSTATION CONFIGURATION; SEE BLOCK D. Use block b., Subsystems, to request access not specific to particular applications. This block is used to note accesses such as native TSO commands, usually required by system developers. If ‘Other’ is checked, be sure to specify here and in Section 4, Reason for Request. Non-CMS employees should complete block c., Expected Frequency of Use. If access to a CMS desktop or LAN is required, check your location in block d., CMS Standard Desktop Software/LAN. Checking this box will ensure you have access to all software available on the standard CMS workstation (i.e., Word, Excel, GroupWise, etc.).

If access needs have changed, enter an A to add, or a D to delete, for each type of access requiring a change. (Most changes in job duties or organizational placement require a change in access needs.) If ‘Other’ is checked, be sure to specify here and in Section 4, Reason for Request. For name changes only, leave this block blank and go to Section 4.

For CHANGE Requests – If access needs have changed, enter an A to add, or a D to delete, for each type of access requiring a change. (Most changes in job duties or organizational placement require a change in access needs.) If ‘Other’ is checked, be sure to specify here and in Section 4, Reason for Request. For name changes only, leave this block blank and go to Section 4.

For RECERTIFY Requests – Check each type of access required to perform your job duties. If additional accesses are required, submit a separate change request. (Those accesses currently held but not checked will be lost.) If ‘Other’ is checked in block 3.b., Subsystems, or block 3.d., CMS Standard Desktop Software/LAN, be sure to specify here and in Section 4, Reason for Request.

Section 4: Reason for Request COMPLETE AS REQUIRED.

For NEW Requests – Provide an explanation of what job duties require you to access a CMS computer system. Include applicable project accounting numbers. If ‘Other’ is checked in block 3.b., Subsystems, or block 3.d., CMS Standard Desktop Software/LAN, specify here.

For CHANGE Requests – Note the nature of the action requiring a change. For name changes, include previous and new names. For organizational changes, include old and new organization names. If ‘Other’ is checked in block 3.b., Subsystems, or block 3.d., CMS Standard Desktop Software/LAN, specify here.

For RECERTIFY Requests – Provide an explanation of what job duties require you to access a CMS computer system. Include applicable project accounting numbers. If ‘Other’ is checked in block 3.b., Subsystems, or block 3.d., CMS Standard Desktop Software/LAN, specify here.

For DELETE Requests – Note the nature of the action requiring the removal of accesses.

Read, sign and date the back of the form. Then obtain signatures for Section 5.

Section 5: Authorization COMPLETE FOR ALL REQUESTS. All requested information must be supplied or noted ‘N/A’.

CMS Employees – Requesting Official: The immediate supervisor must sign and complete the Requesting Official block. The RACF Group Administrator must also sign and complete the signature block where noted. These responsibilities cannot be delegated.

Non-CMS Employees – Requesting Official: The Project Officer, if designated, must sign and complete the Requesting Official block. For Medicare Contractors/Intermediaries/Carriers, a designated company contact must sign and complete the Requesting Official block. For others, the CMS Liaison/Contact or ADP Coordinator must sign and complete the Requesting Official block. (IT IS IMPORTANT THAT CONTRACT NUMBER AND EXPIRATION DATE ARE INCLUDED WHERE APPLICABLE. IF ACCESS IS REQUIRED FOR MULTIPLE CONTRACTS, THE NUMBER AND EXPIRATION DATE FOR THE CONTRACT WITH THE LONGEST PERIOD OF PERFORMANCE SHOULD BE USED. IF NO CONTRACTS APPLY, AN APPROPRIATE 'NOT-TO-EXCEED' DATE SHOULD BE NOTED, OR ‘N/A’ IF INDEFINITE ACCESS IS REQUIRED.) Approving Official: The immediate supervisor of the Requesting Official must sign and complete the Approving Official block. For Medicare Contractors/Intermediaries/Carriers, the Consortium Contractor Management Staff member assigned as Contractor Manager for the company must sign and complete the Approving Official block. The RACF Group Administrator must note the preferred group for UserID assignment in Section 1. They must also sign and complete the signature block where noted. These responsibilities cannot be delegated.

(July 2001)
<table>
<thead>
<tr>
<th>Type of CMS User</th>
<th>Requesting Official</th>
<th>Approving Official</th>
<th>RACF Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Employee</td>
<td>Immediate Supervisor</td>
<td>N/A</td>
<td>HQ or Regional GA</td>
</tr>
<tr>
<td>State User</td>
<td>RO Coordinator (OSCAR, MDS, OASIS or ASPEN Coordinator) or Project Officer</td>
<td>Division Director*</td>
<td>Regional GA</td>
</tr>
<tr>
<td>Medicare Contractor/Intermediary/Carrier</td>
<td>Company Contact</td>
<td>Consortium Contractor Management Staff Member</td>
<td>Regional GA</td>
</tr>
<tr>
<td>Managed Care Organization/Group Health Plan</td>
<td>Project Officer</td>
<td>Division Director*</td>
<td>HQ GA</td>
</tr>
<tr>
<td>Researcher</td>
<td>Project Officer</td>
<td>Division Director*</td>
<td>HQ or Regional GA</td>
</tr>
<tr>
<td>Office of Inspector General</td>
<td>OIG Supervisor</td>
<td>OIG Regional GA</td>
<td>HQ GA</td>
</tr>
<tr>
<td>Other Federal Agency (Inter/Intra Agency)</td>
<td>System of Records Owner or CMS Liaison or Project Officer or Contact Person</td>
<td>Division Director*</td>
<td>HQ or Regional GA</td>
</tr>
<tr>
<td>Contractor (non-Medicare)</td>
<td>Project Officer</td>
<td>Division Director*</td>
<td>HQ or Regional GA</td>
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<tr>
<td>Vendor</td>
<td>Project Officer</td>
<td>Division Director*</td>
<td>HQ or Regional GA</td>
</tr>
<tr>
<td>Peer Review Organization Member</td>
<td>Project Officer</td>
<td>Division Director*</td>
<td>HQ or Regional GA</td>
</tr>
<tr>
<td>ESRD Network Member</td>
<td>Project Officer</td>
<td>Division Director*</td>
<td>HQ GA</td>
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</tbody>
</table>

*When Division Director signature would be redundant or not applicable, first-line supervisor of Requesting Official may sign as Approving Official.

(July 2001)