

UNITED STATES COAST GUARD
Clinical Information Systems Account Creation
User/Provider Data Collection Form

PLEASE FILL OUT COMPLETELY THEN FAX TO THE HELPDESK.
Contact CHCS/PGUI Help Desk: 1- 866-851-2630
Helpdesk Fax number: 301-805-5017
It is mandatory to call the helpdesk immediately after faxing the form in order to begin initiating any type of new or modified user account.

- New User
- Modify User
- Terminate User
- Add/Change Menus
- Add/Change Security Keys

USER INFORMATION

SYSTEM(s): CHCS Legacy

PGUI

NAME INITIALS: _____
Last First M.I.

USCG EMAIL: _____@uscg.mil LAST DUTY STATION: _____

CURRENT DUTY STATION _____ DUTY PHONE: _____

DEPT / CLINIC: _____

BRANCH: _____ RANK: _____ CIVILIAN CONTRACT

TITLE: Provider RN HS IDHS Clerk Hygienist Medical/Dental Assistant Other : _____

SPECIALTY POSITION: Clinic Supervisor SA CA Chief of Health Services Other : : _____

HEALTH CARE PROVIDER INFORMATION (MD, PA, NP, HS, etc.):

(User may apply for an NPI @ <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>)

NPI #: _____ SPECIALTY (if applicable): _____

SECONDARY SPECIALTY: _____

CHCS Legacy

PRIMARY DUTY: _____

SECONDARY DUTIES : _____

PGUI

PRIMARY DUTY: _____

ASSOCIATED CLINICS: _____

User should have same access as: NAME _____

TRAINING: CHCS/PGUI Completed Registered / Scheduled

COURSE: _____ DATE OF TRAINING: _____

HIPAA Completed Registered / Scheduled

ISS/AIS Completed Registered / Scheduled

HS A School Completed Date of Completion _____ (if request is for recent HS "A" grad)

NOTE: CHCS/PGUI Training must be completed 30 days after access to systems or account/module will be terminated/deleted.

Clinic Administrator: I verify the above information and authorize access to USCG Clinical Systems.

PRINTED NAME (Clinic Administrator): _____ RANK: _____

SIGNATURE: _____ DATE: _____

FOR INTERNAL USE ONLY

Date Submitted for Account: _____ Date Account Created: _____

account requester name: _____