

**Nevada Ryan White Part B
CAREWare Guidance Documents
User Creation, Change, or Deletion**



INSTRUCTIONS: This form is to be **completed digitally** by the new user or user's supervisor and forwarded to the Office of HIV/AIDS via CAREWareHelp@health.nv.gov. Keep a copy of this form on file at your agency. Please allow five business days to complete your request. For questions or help completing this form please contact CAREWareHelp@health.nv.gov. **Handwritten forms will not be accepted.**

New CAREWare User | Delete CAREWare User | Change CAREWare User Permissions

Only Agency Name, Requestor Name, Supervisor Name, and Signature required for deletions. If specific permissions are needed, please describe in the Additional Comments/Notes section

Date: _____

Agency Name: _____

First Name: _____

Middle Initial: _____

Last Name: _____

Title: _____

Work Street Address: _____

City, State, Zip: _____

Employee Work Phone (Including Ext.): _____

Employee E-Mail Address: _____

Please select a provider type:

- Clinical/Medical Provider
- Eligibility & Enrollment Provider
- Care Service Provider

Supervisor Name: _____

Supervisor Phone Number: _____

Supervisor Signature: _____

(Not required for Provider Administrator) _____

Additional Comments/Notes:

Instructions:

1. This form is to be completed by the requestor, signed by the requestor's supervisor (not required for a provider's administrator), and e-mailed to CAREWareHelp@health.nv.gov
2. Please supply any additional information deemed relevant in the comments section.
3. Once the completed form is received, a work order will be created.