

MO User Account Request Form



***indicates a required field.** To assist in the most efficient response to user account action requests, please provide as much of the following information as possible.

ALL FORMS MUST BE SIGNED. UNSIGNED FORMS WILL BE RETURNED.

Note: Please complete as much of the form as possible by typing your responses, dating, signing it, and emailing to the appropriate recipients (see email addresses below)

Type of Request:*

If Account Termination, when can it be done?

Anytime

After this time:

Full Name:*

Win ID or CID (if applicable):*

Agency:*

Conduent

State Employee

Wipro

Contractor

Email:*

Job Title:*

Department:*

Manager's Name:*

Mirror Account of:*

Please describe, in detail, why you are requesting this access (this information will be used to ensure that you receive the most appropriate level of access required to perform your job function):*

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Select the desired Conduent Applications that you would like to request access to from the selections below:

CyberAccess Web Application

Environment: **Production** UAT
User Access Level: Administrator **Regular User / Staff**

SmartPA Call Center Application:

MMIS Clerk ID:

Environment: Production UAT
Level of Access: Admin Tech
Access to Sub-Module: Drug Medical
Reports Access: Yes No
Letter Printer Access: Yes No

CyberFormance:

Desired Options: FDB-BPF CPF Online Profiles CyberSearch

Citrix Application: MO Claim Reporting Tool

Requires a HISNT domain user account and the Citrix Workspace.

Server Access Data Project (SAD): Requires a Conduent Contractor ID, Client domain user account, and Atlanta VPN

I, the undersigned, an employee or authorized contract representative of the State of Missouri, understand that approval and assignment of the requested ID or approval of the requested change, enables me to access the resources, which by law, can and must only be utilized in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates which are not required in the performance of my duties. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use and/or disclosure of information. Violations or disclosures on my part may result in disciplinary action that could be one or all of the following: (1) suspension, (2) civil court action, and (3) dismissal. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my password with anyone.

Digitally signed forms are acceptable.

Applicant's Signature:

Date:

Supervisor's Signature:

Date:

Please email completed form to the following: MHD.SecurityOfficer@dss.mo.gov.