

REQUEST FOR eIT PMO USER ACCOUNT

PURPOSE: ROUTINE To request a user account for any eIT PMO Product.			
USES: To establish USAMRDC eIT PMO Product accounts.			
DISCLOSURE: Mandatory. Failure to provide this information could result in the applicant not being able to receive an account.			
DoD REQUESTOR COMPLETE SECTION A - GENERAL INFORMATION			
ROUTING: SEND TO usarmy.detrick.medcom-usamrmc.mbx.eit-pmo-help-desk@health.mil			
SECTION A - GENERAL INFORMATION (To be completed by the Requestor)			
1. TYPE OF ACCOUNT REQUESTED: <div>(i.e. "EDMS, eCTD, BLMS, etc.")</div>			
2. USER INFORMATION:			
2a. Rank/Title:		2b. Full Name (First MI Last):	
2c. Status:	Military	Civilian	Student
			Contractor
			Foreign National
			Other:
2d. Street Address:		2e. Zipcode:	
2f. Organization:		2g. Company:	
2h. Office Symbol:		2i. Bldg No/Room No:	2j. Phone:
3. EFFECTIVE DATE OF REQUEST: (YYYYMMDD)		4. PRIMARY WORK EMAIL (i.e. "@health.mil"):	
5. REQUESTOR SIGNATURE BLOCK			
5a. Requestor Digital Signature:		5b. Date Signed: (YYYYMMDD)	
SECTION B – ACCESS APPROVALS (To be filled out by the POC/KM)			
1. EDMS USERS ONLY			
1a. Links/Paths to EDMS Folder Requiring Permissions:		1b. Permissions Needed:	
		Guest (read)	
		User (read/write)	
		User Delete (read/write/delete)	
2. BLMS USERS ONLY (MANDATORY FOR BLMS):			
2a. Organization (i.e. PAD / Lab, MIDRP, WRAIR):		OBI Projects Reports:	
		APEX for HR:	
2b. Permissions:		APEX for Projects:	
MRDC BLMS Project Load Tool:		EBS Projects:	
Read/Write	Admin	Read	Write
			Admin
OBIEE MRDC Project Analytics:		EBS HR:	
Read/Write	Admin	Read	Write
			Admin
3. KM / POC SIGNATURE			
Section C - AUTHENTICATION (To be completed by the eIT PMO Product Support Team)			
1.System:	2. Privileges:	3. Date Signed (YYYYMMDD):	4. CSA Signature:
SECTION D - APPROVAL (To be completed by USAMRDC HQ IASO)			
1. IASO Printed Name:		2. IASO Signature:	3. Date Signed (YYYYMMDD)

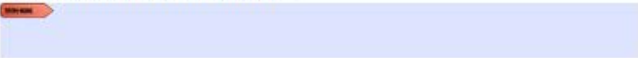
USAMRDC HQ, SUBORDINATE COMMANDS, and ALL OTHER DoD ORGANIZATIONS Account Request Instructions for Military, DoD Civilian, and DoD Contractor Personnel

Required:

- eIT PMO Account Request Form
- DoD Cyber Awareness Challenge Certificate (dated within the last year)

Instructions:

1. Fill out and digitally sign Section A of the eIT PMO Account Request Form:
(see example below)
2. Have your EDMS Knowledge Manager or POC fill out and sign Section B of the eIT PMO Account Request Form.
3. Provide your DoD IA Training (DoD Cyber Awareness Challenge Certificate)
*USAMRDC HQ/Subordinate Commands: Current Cyber Awareness Challenge certificates can be retrieved from your account in ATCTS:
<https://atc.us.army.mil/iastar/index.php>
4. Email your DoD Cyber Awareness Certificate and signed Account Request Form to the eIT PMO Product Support Mailbox:
usarmy.detrick.medcom-usamrmc.mbx.eit-pmo-help-desk@health.mil

SECTION A - GENERAL INFORMATION (To be completed by the Requestor)			
1. TYPE OF ACCOUNT REQUESTED:			
EDMS <input checked="" type="checkbox"/>	eCTD Publisher <input type="checkbox"/>	eCTD Viewer <input type="checkbox"/>	EDC <input type="checkbox"/> SAE <input type="checkbox"/> LIMS <input type="checkbox"/> BLMS <input type="checkbox"/>
2. USER INFORMATION:			
2a. Rank/Title: MS.		2b. Full Name (First MI Last): Miriam Maisel	
2c. Status: Military <input type="checkbox"/> Civilian <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Foreign National <input type="checkbox"/>			
2d. Street Address: W. 47th St.			2e. Zipcode: 10001
2f. Organization: eIT PMO		2g. Company:	
2h. Office Symbol: FCMR-ACI		2i. Bldg No/Room No: 55	2j. Phone: 800-867-5309
3. EFFECTIVE DATE OF REQUEST: (YYYYMMDD)		4. PRIMARY WORK EMAIL (i.e. "@health.mil"):	
20230815		miriam.m.maisel.ctr@health.mil	
5. REQUESTOR SIGNATURE BLOCK			
5a. Requestor Digital Signature:		5b. Date Signed: (YYYYMMDD)	
		20230815	

Example of completed Section A (digital signature not shown, but is required)