



User Account Administrator (UAA) Agreement

Please print clearly

Section 1: CORC User Account Administrator Information *(all information is required)*

1. FACILITY ID NUMBER:	2. HOSPITAL NAME:
3. NAME (FIRST, MIDDLE INITIAL, LAST AND CREDENTIALS):	
4. POSITION (TITLE):	5. SUPERVISOR NAME:
6. BUSINESS ADDRESS (MAILING ADDRESS):	7. UNIQUE EMPLOYEE IDENTIFIER : <i>Note: An identifier that uniquely distinguishes you within your organization. Cannot be an SSN. Limited to 30 spaces or less.</i>
8. BUSINESS PHONE:	9. BUSINESS FAX:
10. E-MAIL ADDRESS:	
11. AUTHENTICATION WORDS: <i>Remember these words. You may be asked to identify yourself with this information if you call to reset your password.</i>	
a. <i>Your mother's maiden name:</i>	b. <i>Your city of birth:</i>
<p>I understand that as an appointed CORC User Account Administrator on behalf of the hospital, I have the responsibility to:</p> <ol style="list-style-type: none"> 1. Create/add and inactivate user accounts for other CORC users within my hospital. Creating a user account includes granting access roles for an individual to read, submit and/or correct my hospital's confidential data. Removing granted access roles and/or inactivating user accounts revokes this access. 2. Modify the demographic information for my hospital's Primary, Secondary and Administrator Contacts. This notifies OSHPD of any changes in name, mailing address, phone number, and e-mail address for each contact. Modifying contact demographic information directly changes the information in the CORC database. 3. Change passwords for CORC users within my hospital. In the event that a user misplaces or forgets their password, they will be directed to contact their User Account Administrator to have it reset. The User Account Administrator should authenticate the user prior to resetting the password and issuing a new password. 4. Unlock CORC user accounts. CORC will lock user accounts after three (3) unsuccessful log on attempts. When the account is locked, users will be required to contact their User Account Administrator to unlock their account. 5. Reactivate inactive accounts. NOTE: After 270 consecutive days (9 months) of inactivity, CORC user accounts may be inactivated. <p>By signing this document I acknowledge reading, understanding, and agreeing to its contents.</p>	
12. CORC USER ACCOUNT ADMINISTRATOR SIGNATURE:	13. DATE:

Section 2: Hospital Administrator Approval *(all information is required) To be completed by the Hospital Administrator (CEO or equivalent)*

14. HOSPITAL ADMINISTRATOR NAME:	15. HOSPITAL ADMINISTRATOR SIGNATURE:
16. DATE:	17. PHONE NUMBER:

The completed form shall be sent to OSHPD for each User Account Administrator needing CORC UAA access. Fax to (916) 445-7534

Section 3: For OSHPD use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

User Account Administrator (UAA) Agreement Instructions

Make a copy of the completed forms for your records. Send the **completed form(s)** to:

Office of Statewide Health Planning and Development
CCORP at Healthcare Outcomes Center
400 R Street, Room 250
Sacramento, CA 95814
www.oshpd.ca.gov/ccorp

Contact Information
Call your OSHPD Analyst or (916) 326-3865
E-mail ccorp@oshpd.ca.gov
Fax (916) 445-7534

SECTION 1: CORC User Account Administrator Information *(All fields must be completed)* -- To be completed by the prospective CORC User Account Administrator.

1. Facility ID Number: Provide your OSHPD assigned 6 digit facility identification number.
2. Hospital Name: Provide the licensed name of your hospital.
3. Name and Credentials: Provide your full name and credentials (if applicable).
4. Position (Title): Provide the position held at your hospital.
5. Supervisor Name: Provide the name of your supervisor/manager.
6. Business Address (Mailing Address): Enter the business address where you can receive mail.
7. Unique Employee Identifier: Provide an identifier that your hospital uses that uniquely distinguishes you from other employees within your organization. (I.e. title, badge number, employee number, etc.)
8. Business Phone: Provide a phone number where you can be contacted.
9. Business Fax: Provide a fax number where you can receive faxes.
10. E-mail address: Provide an e-mail address where you can be contacted.
11. Authentication Words: The authentication words provided may be used to identify you in the event that a password reset is required. It is important to remember this information.
 - a. Provide your mother's maiden name.
 - b. Provide your city of birth.
12. User Account Administrator Signature: If you acknowledge reading, understanding and agreeing to the contents of this document, provide your signature.
13. Date: Provide the date that the UAA agreement was completed and signed.

SECTION 2: Hospital Administrator Approval *(All fields must be completed)* – To be completed by the Hospital Administrator (CEO or equivalent). This should be the person who directs the overall management of the hospital. OSHPD will cross reference this name against the name supplied by your hospital as the CORC Hospital Administrator contact person.

14. Hospital Administrator Name: Print your name.
15. Hospital Administrator Signature: After you have reviewed and approved the completed CORC User Account Administrator Agreement, you must provide your signature indicating approval of person to act as the CORC User Account Administrator.
16. Date: Date of signature.
17. Phone Number: Provide a phone number where you can be reached.

SECTION 3: For OSHPD Use Only