**Introduction**

This form is for DAA and DHB staff members to request a user ID for accessing the Provider Regulation and Monitoring System (PRMS).

If you have any questions, please contact the Ministry on 0800 113 813 (then press 1).

Please return this form to HealthCERT:

* by email to certification@moh.govt.nz
* by fax to (04) 496 2343, or
* by post to HealthCERT, Ministry of Health, PO Box 5013, Wellington 6145

**Type of organisation you belong to**

Please identify your organisation.

|  |  |
| --- | --- |
| Organisation Name | Please enter your organisation’s name. |

**User Contact Person Details**

Please enter information about the person requiring a PRMS User ID log in.

|  |  |  |
| --- | --- | --- |
| Title | Please choose your title. | |
| Given name | Please enter you given names. | |
| Surname | Please enter your surname. | |
| Position | Please enter you position title. | |
| Phone number | Please enter your phone number. | |
| Mobile number | Please enter your mobile number. | |
| Email address | Please enter your email address. | |
| Role Type | Please choose your role type. | |
| Training requirements | Please indicate your training requirements. | |
| Start date | Please enter the date you will start using PRMS. | |
| Name of the PRMS User you are replacing? | Please enter the name of the person you are replacing or state not applicable. | |
| If replacing another PRMS User, what date should their account be made inactive? | | Please enter the date the other user will no longer need access. |

**Declaration**

|  |  |
| --- | --- |
| I declare that the information provided is true and correct and that I have the designated authority to make this notification on behalf of the applicant. | Please choose an item. |

|  |  |
| --- | --- |
| Name | Please enter the name of the person making the notification. |
| Occupation | Please enter the occupation of the person making the notification. |
| Date | Click here to enter a date. |