Ohio Department of Rehabilitation and Correction
System Access Request

Please complete and email to:

ODRC Information Service Center

at DRC.InfoServCtr @odrc.state.oh.us

☐ New User
☐ Promotion/Transfer
☐ Add Service

☐ DRC Employee
☐ Contractor
☐ Outside Agency/Individual
☐ Other: _____

Name of User (First, Middle, Last Name):	OAKS ID Number:
Job Title: (Choose "Other" if title not listed)	Job Title (if you chose "Other" from selection):
Institution/Office:	Location/Area (e.g., Cashier's Office):
Telephone Number of User (include the area code): Extension:	

Justification/Purpose:

*Required

Check Application:

☐ **Reentry Portal** (DPCS/OSC Staff Only)
☐ **E-MAIL -** Outlook
☐ **Global Shop**
☐ **ODRC Gateway**
  ☐ ORAS ☐ PSI
☐ **OPI Inmate Payroll**
☐ **Inventory Manager**
☐ **PREA Assessment**
☐ **PREA Incident (Investigators)**
☐ **OAKS - Financials**

☐ **DOTS Portal**
☐ **PSI**
☐ **STG**
☐ **STG Coordinator/ Committee Member**
☐ **OnBase**
☐ **Out to Court**
☐ **CACTAS**
☐ **DRC Security Policies**
☐ **DPCS Security Policies**
☐ **4299 Monthly Attendance**

Photo Retrieval *:
☐ **Inmate/Offender**
☐ **Employee**

ID/Photo:
☐ **Inmate**
☐ **Employee**

☐ **Healthcare Permissions**
☐ **EIM ***
☐ **Skype ***
☐ **Medicaid**
☐ **Domain User Account**
☐ **INTERNET ***
☐ **VPN ***
☐ **Server Access** (Justification and folder location Required)
☐ **USB** (Justification and DRC-1818 Required for approval of USB)

Additional Information

My signature below indicates that I have read, understand and agree to follow all pertinent laws, regulations, operational guidelines and procedures stated in DRC policy 05-OIT-10, 01-COM-01 and 05-OIT-24. I acknowledge that all information obtained using Intranet, Internet, all online services/systems and/or VPN services will be accepted and used only in accordance with my official duties. I understand that any and all computer systems remain the property of the State of Ohio, Department of Rehabilitation and Correction and may therefore be subject to inspection at any time. I agree not to compose, send, or forward any e-mail or document that may be construed as offensive or inflammatory to anyone.

Requests for **regular** DRC system access require the approval of the user's immediate supervisor ONLY. (Email, Domain and Basic DOTS)

Requests for **specialized** DRC system access (e.g. Internet, VPN or elevated DOTS access) require the approval of the user's immediate supervisor and the next level manager.

Requests for **highly secure** DRC system access (e.g. mental health or medical data or systems) require the approval of the user's immediate supervisor, the user's next level manager and the Operation Support Center administrator that represents the data owners.

Any Employee Violating Department Policies or AR's May Be Subject To Disciplinary Action.

User Print Signature:	User Signature:	Date:

Approved by:

Supervisor Print Signature:	Supervisor Signature:	Title:	Date:
Next Level Manager Print (See Above to Determine if Necessary):	Next Level Manager Signature:	Title:	Date:
OSC Administrator Representing Data Owners Print(See Above to Determine if Necessary):	OSC Administrator Signature:	Title:	Date:

DRC Inventory System-Employee Security Level Input
Security Level Modification

*To establish new user accounts, a System Access Request (DRC3424) **MUST** accompany this form.*

Employee's First Name:	M.I.:	Last Name:	
Employee's Job Title:			Institution:

I am requesting the following security level modification for the user indicated above:

☐ Security Levels **Added**   ☐ Security Levels **Removed**

Justification:

Level 1	Security levels for staff who may need to enter in a storeroom requests and/or complete receivers: ☐ InvRqstn-Only (enter storeroom request) ☐ InvRec-Only (can complete receiving reports)
Level 2	Security level for select staff at each site: ☐ InvApprover (Person who is authorized to approve storeroom requisitions)
Level 3	Security levels for staff who need to review special reports in the warehouse or the business office: ☐ InvRvw (inventory review) ☐ InvReportWarehouse ☐ InvReportBusiness
Level 4	Security levels for warehouse personnel and back-up personnel for the warehouse: ☐ InvCntrl (modify inventory levels at site) ☐ RTP (enters request to purchase) ☐ InvClusCntrl (modify inventory levels for cluster)
Level 5	Security levels for select staff at each site or cluster: ☐ InvLocalAdm (add/delete storekeepers and inventory items to a local warehouse site) ☐ InvUnpost (unpost inventory transactions in the application) ☐ InvClusterAdmin (add/delete storekeepers and items to D.C., satellite warehouse or standalone)
Level 6	Application management for select staff at the Central Office level: (With I.T. Chief Approval ONLY) ☐ InvReportAgency (reports provided to select personnel) ☐ InvAudit (privileges to review transactions and reports)
Level 7	Help Desk Personnel (With I.T. Chief Approval ONLY) ☐ (privileges to re-set passwords and review transaction and reports)
Level 8	Item, Vendor, Inventory Administrator (With I.T. Chief Approval ONLY) ☐ InvVndrAdmin (privileges to add, modify or delete a vendor to the enterprise) ☐ InvItemAdmi (privileges to add inventory items and their units to the enterprise system) ☐ InvAdmin (privileges to change dept.,programs, the manual etc., to the enterprise)
Level 9	System Administrator (With I.T. Chief Approval ONLY) ☐ (privileges to add the security level, update manual, updates to application)

Employee's Signature:	Date:
Supervisor's Signature:	Date:
DWA/Div. Chief's Signature:	Date:

STG User Permission Request

This form can be used only for DRC users requesting to access the DRC Security Threat Groups Screens
After institutional authorization, please route this form to: ODRC Information Service Center
email to DRC.InfoServCtr@ODRC.state.oh.us

Name of User (First, Middle, Last Name):	Job Title:
Institution(s):	E-mail:

Justification (mandatory):

Application Permissions:

STG Authorization will primarily be limited to STG Permissions on this form and will be restricted to:

	STG Assignment	*Levels*	*Description*
☐	Committee Level View	{ACCESS TIER STG COMMITTEE}	View Capability of limited STG Screens Only
☐	Committee Level Update	{ACCESS TIER STG COMM UPDATE}	STG Committee members w- view and Update capabilities for entering profiles and adding case attachments only.
☐	STG Coordinator I	{ACCESS TIER STG INTEL COORD}	Full Access to STG module for Coordinators Only: Ability to access GMENU & STGRM; Search capabilities, run reports, create/ update profiles, add case attachments, notes, tattoos, etc.
☐	STG Coordinator II	{ACCESS TIER STG INTEL COORD 2 AL}	For Managing Officers Only (Majors, Captains or Lieutenants) acting in a dual role in addition to the STG Coordinator. This tier prevents loss of their current managing officer level.
☐	APA STG Coordinator	{ACCESS TIER APA PO STG}	Level for APA PO STG Coordinators to create APA STG Profiles and enter minutes.

DRC Signature Approvals (all signatures are mandatory)

User Signature:	Institution STG Coordinator:
Managing Officer:	OSC / STG:

Approved ☐   Denied ☐

Healthcare Permissions

Name of User (First, Middle, Last Name):		Job Title:	Credentials:	Gender:
OCHC Program Area:	Institution:		E-Mail:	
Computer Name:				

For staff that require a provider license in the EHR, please also include the following information as applicable. *(For EHR purposes a provider license is required for staff that can prescribe medications and/or independently diagnose patients using ICD, CPT, or DSMV codes. Examples include Physicians, Dentists, Podiatrists, Optometrists, Nurse Practitioners, Physician's Assistants, Psychologists, Licensed Independent Social Workers, Licensed Professional Clinical Counselors, and Licensed Independent Chemical Dependency Counselors.)*

Degree and/or Credentials:		NPI No:	
State License Title:	State License No:	State License Active Date:	State License Term Date:
DEA License No:		State License Active Date:	State License Term Date:

For Mental Health, Recovery, and Dental Services, please list the institutional providers and/or resources this staff person needs to have added to their profile in the EHR *(these are already known for medical)*:

☐ I am an OSU Attending Physician

☐ I am a _____ (specialty) Resident from _____ (program/school)

☐ I am a student/intern _____ (specialty) from _____ (program/school)

☐ Dragon Naturally Speaking *(requires prior approval of State Medical Director or State Psychiatric Director)*

☐ VDI Access to the EHR *(requires prior approval of State Medical Director, State Psychiatric Director or Healthcare Analytics Administrator)*

Non - EHR Healthcare Application Permissions:

☐ FMC/OSU Roster   ☐ Patient One View   ☐ Image Grid - PACS   ☐ Apteryx Dental PACS

☐ Medical Monthly Statistics View Only   ☐ Medical Monthly Statistics Edit Ability

I agree to abide by the DRC policies regarding protection of my username & password, password standards, and use of confidential healthcare information.

User Signature:	Date:

Institution Approval

Supervisor Signature:	Date:
Supervisor Name:	Title:

DRC Approval (OSC OCHC Data Owner)

DRC Supervisor Signature:	Date:
DRC Supervisor Name:	Title: