

DSLR PHEP ORR Reporting and Tracking System Application

*****All Fields Are Required*****

User's Full Legal Name:

Work E-Mail:

Work Phone Number:

Jurisdiction:

Name of Jurisdictional Approving Official:

Do you already have a SAMS Account?

- Yes
- No

Access Level (Select one):

- State/Directly Funded Locality/Territory or Freely Associated State
- Local Jurisdiction (County, District, or City):

Role (Select all that apply):

- Data Entry
- Submit for Review
- State Reviewer
- Read Only
- User Manager

I have read and agree to the SAMS requirements. This agreement is valid for the duration of the site usage from date of CDC approval.

For CDC Use Only

Submitted By (Project Officer):

Date: