

# 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
- Manage Users

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.

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For CDC Use Only

**Submitted By (Project Officer):**

**Date:**