

AMHREPORTS REGISTRATION

The AMHREPORTS registration form is used to manage access and user rights on the AMHREPORTS System. Each person that wishes to use this system must complete this form and have it signed by either their Agency Director or by their Provider or County Data Coordinator. After completion fax the form to: (503) 378-8467 or mail it to the following address at the attention of Piet Vermeer or Lucia Eleen.

Department of Human Services
 Office of Addiction and Mental Health
 500 Summer Street NE, E-86
 Salem, Oregon 97301-1118



Mark appropriate box with X

<input type="checkbox"/>	New User
<input type="checkbox"/>	Remove User
<input type="checkbox"/>	Add/Change User
<input type="checkbox"/>	Add/Remove Provider/County Numbers

Last Name:				
First Name:			Middle Initial:	
Current Date (mm/dd/ccyy):				
E-mail address:				
Agency:				
County or Provider? (C/P):				
If County, please list CMHP number:				
If Provider, please list cmhp-provider combination(s)				
Supervisor Information				
Name		Phone Number		
Signature		Title		

AMHREPORTS site: <http://www.amhreports.com>
AMHREPORTS site support: piet.j.vermeer@state.or.us