

DATABASE USER REGISTRATION FORM (Please Print Clearly)

PRA | SPECT

Perinatal Risk Assessment
Single Point of Entry and Client Tracking System

Name _____

Title _____

Managed Care Organization (MCO) _____

MCO Address _____

Phone _____ Email _____

Upon completion of training, you will receive an email with your Username AND Password, which can be changed after successful logon.

Additional Information:

FOR PRA/ADMIN USE ONLY	Acct set up by: KSS	DB	Other _____	Date set up: _____
CTID _____	UID _____	Training Completed	Yes / No	Training Date: _____
Approval: Yes / No	Approved by: _____	Confidentiality Agreement	<input type="checkbox"/>	Date Received: _____
Notes:				

Please complete and fax to FHI, 856-409-5699 or email to SPECT@snjpc.org