

Acute Care Registry Account

Please complete the information below requesting the following person(s) be added as an Administrator for your facility in the Acute Care Registry. Please complete the form and email a signed copy to the contacts listed below. As an Administrator, your role will be to add/delete, grant and maintain users' access in the Acute Care Registry on behalf of your hospital.

Please print

Hospital Name: _____

Address: _____

Phone: _____

Administrator

Name: _____

Title: _____

Phone: _____ Ext. _____

Email: _____

Contact 1 Signature _____

Date

Trauma Registrar Contact-

Name: _____

Title: _____

Phone: _____ Ext. _____

Email: _____

List all additional email(s)(up to seven) who should receive notifications regarding any submissions or reports status. Administrators will be included in the distribution list.

For Internal use.

Date account set up and Administrator notified: _____

Signed: _____

For questions, please contact: Shayla Cole, Government Analyst
(850) 558-9551
Shayla.Cole@flhealth.gov