Psychosocial Outcomes Measurement Scale
Request for Access to POMS Role in OMHIIS[1]

Instructions:
Please complete and fax this registration to:
(225) 342-1984
Attention: Joseph E. Comaty, PhD MP

User requesting access to POMS data in OMHIIS:

_____
Last Name First Name Middle Initial

Job Title: _____ Email: _____

OMHIIS Login ID: _____

Phone#: _____

Work Mailing Address: _____

City: _____ State: _____, Zip: _____

Applicant's Signature: _____ Date: _____

FOR USE BY POMS DATA PRIVACY OFFICER ONLY (Joseph Comaty, PhD MP).

POMS training/certification date: _____

POMS ADD/EDIT ACCESS approval date: _____

DPO's Signature: _____ Date: _____

[1] Form ID B1. This request form cannot be processed unless the applicant has completed the process for obtaining on OMHIIS account (Forms A1, A2). Created 8/8/2005 Updated 8/8/2005.