

# Provider Portal Access Request Form

## New user Information

Provider Name:

Provider ID:

First Name:

Last Name:

Email address:

Please select the level of access you are authorizing. QPS is separate from the Provider Portal and should be selected in addition to the other access if you are authorizing access to it.

### **User Access**

- Submit attendance
- Upload documentation
- Manage VPK and SR enrollments

### **Site Administrator**

- Submit attendance
- Upload documentation
- Manage VPK and SR enrollments
- Manage provider profile
- Contract amendments

### **Business Administrator**

- Submit attendance
- Upload documentation
- Manage VPK and SR enrollments
- Manage provider profile
- Contract amendments
- Review of reimbursement reports
- Manage VPK Fast

### **QPS Administrator**

- Log into the QPS system and use all provider functions

Requested By:

Send completed forms to [slewis@elcirmo.org](mailto:slewis@elcirmo.org)