PASRR Enrollment/Change Request

Please email to: ITServiceDesk@DHCS.CA.GOV Date:

Facility Information		**Contact Person**	
Facility Name:		Contact Name:	
Address:		Job Title:	
City/State:		Phone Number:	
Zip:		Email:	

1) Each enrollee is required to have a unique and valid email address (no sharing emails).
2) Secure facility emails are recommended to avoid any HIPAA violations. If personal emails are used (i.e., Gmail, Yahoo, etc.), please include **written approval from the facility administrator** authorizing such emails.
3) **Select Role:** The role determines the enrollee's level of access in the PASRR system. The Admin role grants access to all PASRRs for facility. The User role only grants access to the PASRRs they submit.
4) **Select Type of Request:** New Enrollee, Delete Enrollee, Unlock, Reset Password, Change Role, and Change Email.

#	**User ID** DHCS only	**Last Name**	**First Name**	**Email**	**Role**	**Type of Request**
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Save Clear