

**EASYTRAC ACCESS REQUEST**

**Instructions:** Save completed form and have your department administrator email it to:  
**semshelpdesk**

**Please note, only emailed forms can be processed. Direct any questions regarding this form to the SEMS Help Desk on the WAN at 0099-0295 or 702-799-0295.**

**This form replaces the DP403 that was previously used for access.**

User/Requestor Information:	
Name (Last, First, MI):	_____
Position:	_____
Location Name:	_____
Location #:	_____
Work Phone:	_____

Effective Date: \_\_\_\_\_ CCSD Staff: \_\_\_\_\_ Contractor: \_\_\_\_\_ SLP Licensed\*: \_\_\_\_\_

*\* If the 'SLP Licensed' box is not checked, a Medicaid monitor will need to be assigned for speech therapists.*

Assigned Medicaid Monitor: \_\_\_\_\_

Comments: