



WEBEOC USER ACCOUNT AND POSITION ACCESS FORM

Form Instructions:

- Complete the form fields as provided to add a User Account, edit a User Account or modify access to a Position.
 - Submit ONE form per User account. All entries must be typed/printed.
 - Use an additional form, as necessary, to add/update more User accounts.
 - Refer to the State of Connecticut WebEOC Users' Guide online for WebEOC for additional information on WebEOC - <https://portal.ct.gov/DPH/Public-Health-Preparedness/Main-Page/WebEOC>.
- Submit the form via the button provided or email the form directly to helpdesk.dph@ct.gov. Only the authorized representative (e.g. Director of Health, or Manager of Preparedness for a hospital) below should submit the form.
- A DPH WebEOC Administrator will review the form and, as necessary, additional information may be requested for the vetting process.
- DO NOT USE THIS FORM for NON-healthcare related Users/Positions. Instead, navigate to <https://portal.ct.gov/DEMHS/Emergency-Management/Resources-For-Officials/WebEOC> and follow guidelines for the DEMHS form.

**Submit
Form
Here via
EMAIL**

(Click Button)

Form Submitted by (Authorized Representative):

Name (Print)	Title (Print)	Organization (Print)	Date (MM/DD/YY)
Account Change <i>Check all that apply.</i>		User Account Profile <i>Please complete this section. For cases that ONLY need a Position Access Change, the First Name, Last Name, Email Address and Department must be provided, at minimum, to adequately identify the individual.</i>	
<input type="checkbox"/> Add New User Account		First Name Last Name Office Tele No. Mobile Tele No. Email Address Organization Department General Location Where Individual will Monitor WebEOC <i>(e.g. Local EOC, SEOC,</i>	
<input type="checkbox"/> Update Existing User Account			
<input type="checkbox"/> Remove Existing User Account			
<input type="checkbox"/> Position Access Change			
Position Access Change <i>Hospitals or Local Health Boards staff needs access to</i>			
<input type="checkbox"/> ADD Access to Position Name(s)			
<input type="checkbox"/> REMOVE Access to Position Name(s) <i>(Reason MUST be Indicated Below)</i>			
<i>Individual No Longer in Service/Employed Individual No Longer is a Volunteer Individual will be on Extended Leave Other (reason required):</i>			
<input type="text"/> Effective Date of Above Listed Changes			

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