



Texas Department of State Health Services



### Pharmacy Branch

#### Required User Information

**Instructions:** Complete all of the required information requested below. Submit the completed form to the authorized program staff member. New users will be notified by a Pharmacy Branch staff member with user name and password information.

**New User**

**Update User**

**Delete User**

Name:		Job Title:			
Location Code					
Site Name:					
Site Address:					
City:		Zip Code:		County:	
Phone Number:			Fax Number		
Email address:					

**Programs:** Select all programs for which you are authorized to order.

<input type="checkbox"/>	<b>Hansen's Disease (HD)</b>
<input type="checkbox"/>	<b>Infectious Disease Control (IDC)</b>
<input type="checkbox"/>	<b>Sexually Transmitted Disease Program (STD)</b>
<input type="checkbox"/>	<b>Syringes and Needles (SYR) {immunizations only}</b>
<input type="checkbox"/>	<b>Tuberculosis Elimination Program (TB)</b>
<input type="checkbox"/>	<b>Tuberculosis Elimination Video DOT (TBVDOT)</b>
<input type="checkbox"/>	<b>Zoonosis Control (Rabies)</b>
<input type="checkbox"/>	<b>Other:</b>

**Regions:** Does user need access to entire region or to multiple sites? If yes, list location codes for those sites.

**\*\*\* For DSHS Central Office Staff Only \*\*\***

<input type="checkbox"/>	<b>STD (Class D &amp; Standing Delegation Orders for Nurses)</b>
<input type="checkbox"/>	<b>STDT2 (Class D &amp; APN/PA/Physician &amp; Lab Capacity)</b>
<input type="checkbox"/>	<b>STDNoD (No Class D)</b>