



Cerner Lights On Network[®] Access Request Form MTF Sponsored Account

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.
PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.
ROUTINE USES: None.
DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST <div style="display: flex; justify-content: space-around;"> INITIAL MODIFICATION DEACTIVATE </div>	DATE (YYYYMMDD)
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PART I – REQUESTOR INFORMATION *(To be completed by requestor)*

1. NAME <i>(Last, First, Middle Initial):</i>	2. ORGANIZATION <i>(Military Treatment Facility):</i>
3. OFFICE/DEPARTMENT <i>(Medicine, Surgery, Nursing, etc):</i>	4. PHONE NUMBER <i>(DSN or Commercial):</i>
5. OFFICIAL E-MAIL ADDRESS <i>(Can be contractor or government address):</i>	6. JOB TITLE AND GRADE/RANK
7. OFFICIAL MAILING ADDRESS:	8. DESIGNATION OF PERSON: MILITARY CIVILIAN CONTRACTOR
9. TRAINING REQUIREMENTS <i>(Certificates must be submitted along with this request form):</i> <div style="display: flex; justify-content: space-between;"> I HAVE COMPLETED ANNUAL INFORMATION AWARENESS TRAINING DATE COMPLETED </div>	
10. USER SIGNATURE	11. USER EDIPI
12. JUSTIFICATION FOR ACCESS	

PART II – ENDORSEMENT OF ACCESS BY REQUESTOR'S ORGANIZATION *(To be completed by Commanding Officer or designee)*

13. VERIFICATION OF NEED TO KNOW: I certify that this user requires access as requested and I am authorized to grant permission		
14. ORGANIZATIONAL SPONSOR NAME <i>(Last, First, M.I.)</i>	14a. SIGNATURE	
15. ORGANIZATION / DEPARTMENT	16. OFFICIAL E-MAIL ADDRESS	17. PHONE NUMBER

SUBMIT YOUR REQUEST: To submit your MHS GENESIS request, click on the following SUBMIT button. This will open up an email that will be addressed to the DHA Global Service Center (GSC) and will include this form as an attachment.

SUBMIT