**Health Commerce System Account Creation**

1. **Director Account Health Commerce System Application**

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| 1. Organization type | CMA, HH, or MCP?  Indicate if serving children or adults. |
| 1. Legal Organization name |  |
| 1. Full first name (DO NOT use nicknames), full middle name (not just the initial), and full last name. (For example: Elizabeth Ann Doe) |  |
| 1. Month and day of birth |  |
| 1. NYSDOH Health Commerce System (HCS) ID (if one exists) |  |
| 1. Job title (needed for Director requests) |  |
| 1. Work address |  |
| 1. Office telephone number |  |
| 1. Office fax number |  |
| 1. E-mail address |  |
| 1. Existing Director being replaced (if applicable) |  |
| * 1. If the Coordinator is replacing someone, does the Coordinator being replaced need to retain an account as a user for the organization? |  |

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| Director’s Name |  |
| Director’s Title |  |
| Date |  |
| Director’s Signature |  |

1. **Health Commerce System Coordinator Account Application**

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| 1. Organization type |  |
| 1. Legal Organization name |  |
| 1. Full first name (DO NOT use nicknames), full middle name (not just the initial), and full last name. (For example: Elizabeth Ann Doe) |  |
| 1. Month and day of birth |  |
| 1. NYSDOH Health Commerce System (HCS) ID (if one exists) |  |
| 1. Work address |  |
| 1. Director's name (needed for Coordinator requests) |  |
| 1. Office telephone number |  |
| 1. Office fax number |  |
| 1. E-mail address |  |
| 1. Existing Coordinator being replaced (if applicable) |  |
| * 1. If the Coordinator is replacing someone, does the Coordinator being replaced need to retain an account as a user for the organization? |  |

1. **Health Commerce System Coordinator Account Application**

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| --- | --- |
| 1. Organization type | Care Management Agency |
| 1. Legal Organization name |  |
| 1. Full first name (DO NOT use Ito expeditnicknames), full middle name (not just the initial), and full last name. (For example: Elizabeth Ann Doe) |  |
| 1. Month and day of birth |  |
| 1. NYSDOH Health Commerce System (HCS) ID (if one exists) |  |
| 1. Work address |  |
| 1. Director's name (needed for Coordinator requests) |  |
| 1. Office telephone number |  |
| 1. Office fax number |  |
| 1. E-mail address |  |
| 1. Existing Coordinator being replaced (if applicable) |  |
| * 1. If the Coordinator is replacing someone, does the Coordinator being replaced need to retain an account as a user for the organization? |  |