



**ARKANSAS DEPARTMENT OF HEALTH
INFANT HEARING PROGRAM
ERAVE USER APPLICATION FORM**

Administrative Use Only

Account Created on (Date):	Initials
Roles Assigned on (Date):	Initials

Directions: Complete form and sign user agreement. Email completed form to patsy.bennewise@arkansas.gov or fax completed form to **501-280-4170**, or mail form to Arkansas Department of Health, Attn: Patsy Bennewise, Infant Hearing Program, Freeway Medical Building STE 808, 5800 W 10th St, Little Rock, AR 72204

Applicant's Data (*Required Fields):

*First Name	*Middle Name/Initial	*Last Name
*Email Address (Must be work email address)		
*Primary Phone (Must be work number)	Fax Number	
Mobile Phone with Provider (for text alerts)		
Pager Number with Provider		
Secondary Phone	*Preferred Contact Method (telephone, email, fax)	

***ERAVE Roles** (List each group/location combination separately.)

Permission Group (See group list below.) Facility Name/Location (Physician office name, hospital name, location)

Role 1		
Role 2		
Role 3		

ERAVE Permission Groups: Hospital staff (RN, LPN, TEC, OTH, VOL, AUD, PHY), Primary Care Physician (PCP), Audiologist, Early Intervention, State user, etc..

***License Number** (Required for Physicians, Audiologist, RN/LPN):

	License Type	License Number
License 1		
License 2		

By signing below, I agree to the following:

The purpose of the Electronic Registration of Arkansas Vital Events (ERAVE) for the Infant Hearing system is to support the needs of the Arkansas Department of Health Early Hearing Detection and Intervention (EHDI) program and other appropriate providers of services, such as delivering hospitals, medical home personnel, audiologists, and early intervention providers. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent information is punishable in accordance with Arkansas Statutes.

By accessing this system, I agree to use this system only for the purpose of reporting hearing testing information and/or providing follow-up care. I understand that failure to adhere to the above agreement will result in loss of access to ADH Internet databases, and may be subject to penalties pursuant to the authority conferred by Arkansas Code Annotated 20-7-101 et. seq.

Signature of Applicant

Date

