ARKANSAS DEPARTMENT OF HEALTH
INFANT HEARING PROGRAM
ERAVE USER APPLICATION FORM

Administrative Use Only

Account Created (Date):	Initials
Account Deleted (Date):	Initials

Complete form and sign user agreement. Submit completed forms by email to adhehdi.fb@arkansas.gov, fax to 501-280-4170, or mail to Arkansas Department of Health, Infant Hearing Program, 4815 W. Markham St., Slot 20, Little Rock, AR 72205.

Applicant's Data (*Required Fields):

***First Name**	***Middle Name/Initial**	***Last Name**
***Work Email Address**		
***Primary Work Phone**	Fax Number	
Mobile Phone (for text alerts)		
***Preferred Contact Method** (telephone, email, or fax)		

Existing ERAVE Users Only:

Name	Username	Hospital/Clinic Location

*__New ERAVE User Role(s) Request__ (list each group/location separately):

	Permission Group (See group list below.)	Facility Name/Location (Hospital/Clinic name and location)
Role 1		
Role 2		

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

***Submission Checklist**

- ☐ Completed Facility's ERAVE Training with Train-the Trainer
- ☐ Completed online Infant Hearing Program ERAVE Training course (https://www.train.org/ADH/welcome)

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 birthing 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 legal penalties.

______________________________ ________________
Signature of Applicant Date