

CRCT Account Request Form

Please complete the form below to request a new account. If one or more staff have left your organization and should have their CRCT accounts disabled, put their names at the bottom of this form. The "Location" space below should be completed only if your organization has more than one location (for example, an Ann Arbor and an Ypsilanti office/site) and you need to note the location at which the staff person will be working. The NPI number is needed for staff providing professional services (Occupational Therapy, Physical Therapy, nursing, physician's services, etc.) A login name is usually a person's first initial and last name. **Never log into E.II using a login name and password that is used by someone else.**

Send this form electronically to your CMH contracts representative.

CURRENT DATE: _____ PROVIDER TYPE: AGENCY
 LIP

AGENCY NAME: _____

LOCATION (if different from Agency Name): _____

NEW CRCT ACCOUNT INFORMATION

NAME: _____ TITLE: _____

PHONE: _____ CELL#: _____

FAX: _____ EMAIL: _____

NPI NUMBER (professional staff only):

Is there another staff person with an existing CRCT account who is doing the same job?
If yes, please provide that staff person's name.

If not, please check one or more boxes below:

- INCIDENT REPORT DATA ENTRY
- INCIDENT REPORT REVIEW/SIGN-OFF
- ACCOUNTS PAYABLE CLAIM DATA ENTRY
- HOSPITAL CONTINUED STAY REVIEW (Utilization Review)
- MENTAL HEALTH PROVIDER CLINICIAN
- SUBSTANCE USE DISORDER PROVIDER CLINICIAN
- CONTRACT CLINICIAN (will enter progress notes, occupational therapy notes, psychological or nutrition assessments)

NAME(S) OF STAFF WHO NO LONGER WORK FOR YOUR ORGANIZATION:

1. _____
2. _____
3. _____
4. _____