Reference Code: _____

1) Date of Request (mm/dd/yyyy): _____ / _____ / _____

Privacy Notice: *All information collected through this form shall be used for the purpose of (1) database of TB care providers for reporting TB Human Resource-related indicators, (2) basis for processing of ITIS account, and (3) contacting for patient referrals and informing of NTP activities. Your contact details will be accessible by all ITIS users while personal information such as Birthday and PRC Number shall be accessible only by the approval party. If you wish to revoke your registration, you may send us an email via ntp.helpdesk@doh.gov.ph. All information collected will remain secure and confidential within authorized personnel only.*

2) Name of Contact Person: _____
          Last Name   First Name   Middle Name

3) Office:

4) Address:

5) Landline: | 6) Fax No. | 7) Mobile No.

8) **DESCRIPTION OF REQUEST**: (*Please clearly write down the details of the request.*)

REQUEST FOR NEW ACCOUNT

(RO, PHO/CHO or Facility Validator must register the personnel in Directory prior submission of this form to KMITS. If facility is not available in ITIS, submit first the request for addition of facility. Form is available in ITIS Downloads.)

Creation of ITIS User Account for: (Please check)
- [ ] **WEB**
- [ ] **DESKTOP** (applicable for DOTS facility only)

Type of Service/s: (Please check)
- [ ] **Office**
- [ ] **DOTS**
- [ ] **iDOTS**
- [ ] **PMDT - TC/STC**
- [ ] **Referring Facility**
- [ ] **Notifying Facility (MTBN)**

- [ ] **QA Center**
- [ ] **TB Microscopy Laboratory**
- [ ] **RTDL**
- [ ] **DST/TB Culture Laboratory**
- [ ] **Warehouse**
- [ ] **Others** (please specify): _____

*Title:	[ ] Dr. [ ] Mr. [ ] Ms. [ ] Others _____
*Last Name:	
*First Name:	
*Middle Name:	
Name Extension:	Maiden Name:
*PRC License No.: (write N/A if this is not applicable for the personnel)	
*Birthdate:	
*Email Address:	
*Sex:	[ ] Male [ ] Female
*Mobile Number:	Landline Number:
*Profession:	
*Main Health Facility:	
*Designation:	[ ] Director/Health Office Head/Facility Head/Laboratory Head [ ] Supply Officer [ ] Health Officer [ ] Physician [ ] TB Medical Coordinator [ ] Nurse [ ] TB Nurse Coordinator [ ] Medical Technologist [ ] TB Medical Technologist Coordinator [ ] Nurse/Laboratory Aide [ ] Others _____
Position:	
*Employment Status:	[ ] Permanent (Regular) [ ] Temporary [ ] Contractual (Project-Based) [ ] Casual (Job Order) [ ] Volunteer
*User Level:	[ ] Viewer [ ] Encoder [ ] Validator [ ] Notification Officer (*Project/LGU hired*) [ ] Private Physician Notifier [ ] Private Facility Notifier

Where did you hear of this registration? or How were you informed of this registration? or Who assisted you in your registration?

- [ ] Local Government Unit (LGU)
- [ ] Center for Health Development (CHD)
- [ ] Philippine Coalition Against TB (PhilCAT)
- [ ] Culion Foundation, Inc. (CFI)
- [ ] Philippine Business for Social Progress (PBSP)

- [ ] Family Health International 360 (fhi360)
- [ ] University Research Company (URC)
- [ ] Innovations for Community Health (ICH)
- [ ] Medical Societies
- [ ] Others _____

Remarks:

*means required field

9) **APPROVED BY:** _____ _____
        Name & Signature of Head of Office   Date Signed

        _____
         Position

(For Knowledge Management and Information Technology Service only)

10) Date Received (mm/dd/yyyy): _____ / _____ / _____   11) Time Received (hh:mm) _____ : _____ ☐AM ☐PM

12) **ACTIONS TAKEN:** (*Use separate sheet if necessary*)

DATE (a)	TIME (b)	ACTION TAKEN (c)	ACTION OFFICER (d)	SIGNATURE (e)

13. NOTED BY:	14.	15.
Name and Signature of Supervisor	Position	Date Signed

DOH-KMITS-SRF