



State of Tennessee
Department of Finance and Administration
Division of Health Care Finance and Administration

Remote Access Request

DATE OF REQUEST: _____ Select a requestor type from the next row:

TennCare____ **State Agency** ____ **MCC** ____ **Other** __ (specify _____)

Initiate Access ____ **Modify Access** ____ **Revoke Access** ____

New Active Directory (AD) Needed____ **New JVPN Needed**____

Brief Justification: _____

Directory to which access is being requested: (for new trading partner use organization name)

Requestor Information:

User ID (if known): _____ **Name:** _____

Position Title: _____ **Organization:** _____

Address: _____

Primary Email: _____ **Phone#** _____

2nd Email: _____ **Phone#** _____

Requestor's Management Approval Information:

Approved by: _____ **Title:** _____

E mail Address: _____ **Phone#:** _____

Date of Approval _____ **Organization Tax ID:** _____

TennCare Approval:

Approved by: _____ **Associated request:** _____

SFTP/SFTP2 (circle) ID: _____ **ACL Group :** _____

AD account: _____ **JVPN Group:** _____

For JVPN users only: grid card: ____ phone app: ____ key exchange: ____

Worked by: _____ **Completion Date:** _____