



DDDS User Request Form

Name of Provider Organization or DDDS Business Unit:

Add User

Upgrade to Supervisor

Terminate User

Indicate the ROLE this user should have in your organization (Check ALL that apply):	
<input type="checkbox"/>	Instructor
<input type="checkbox"/>	Supervisor (Check the appropriate Sub-role below):
<input type="checkbox"/>	User Management
<input type="checkbox"/>	Enrollment Management (includes Training Plans and Live Events)
<input type="checkbox"/>	Report Management
<input type="checkbox"/>	Skills Checklist Observer
<input type="checkbox"/>	Skills Checklist Data Entry ONLY
<input type="checkbox"/>	Learner

USER'S INFORMATION

First Name:

Last Name:

User Name:

(MUST be in email format – i.e., first.last@emailprovider.com – recommend a LIVE email address)

EMAIL:

(if different than user name above)

USER CATEGORY (DDDS JOB CODE):

DESCRIPTION	JOB CODE	Check ALL That Apply
Administration/Directors	ADMIN	<input type="checkbox"/>
Administrative Support	ASP	<input type="checkbox"/>
Behavior Analyst	BA	<input type="checkbox"/>
Community Navigator	CNAV	<input type="checkbox"/>
Direct Support Professional	DSP	<input type="checkbox"/>
DSP Manager/Supervisor	DSP-M	<input type="checkbox"/>
Employment Navigator	EN	<input type="checkbox"/>
Employment Support Staff	ESP	<input type="checkbox"/>
Nursing	NUR	<input type="checkbox"/>
Program Oversight	PO	<input type="checkbox"/>
Shared Living Provider	SLP	<input type="checkbox"/>
Support Coordinator	SC	<input type="checkbox"/>
Transportation ONLY	TRN	<input type="checkbox"/>
Volunteer	VOL	<input type="checkbox"/>



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HIRE DATE:

TERMINATION DATE:

THIS USER SHOULD BE RESTRICTED TO ONLY SPECIFIC IP ADDRESSES:

NO – allow to access from any device

YES – restrict this user to ONLY specific IP Addresses

IP ADDRESSES already provided to DDDS for entry in Relias

Please ADD the following IP ADDRESSES for my Organization

IP ADDRESS:

IP ADDRESS:

Name of Relias Training Supervisor submitting request:

Email address for Relias Training Supervisor:

Send completed form to DDDS_OPD_Questions@delaware.gov.