Iowa Department of Public Health

New User Request Form

Please complete (print clearly, and in ink) and fax or mail signed form to the address at the bottom of this document. If a security token is required for the application requested, it will be mailed to you at the address provided below after payment has been received (unless other payment options have been previously arranged).

Do you currently have an ID If yes, enter Seria	OPH security token? I number from back of token	Yes No No
Name (First, Middle, Last):		
Email:		
Driver's License#:		
Mother's Maiden Name:		
Supervisor Name:		
Mailing Address:		
Organization Id#:		Organization Phone#: ()
IWIN Security Rights	☐ IWIN Coordinator	Support Staff Admin View Only
(select only one):	CPA Admin	Support Staff
	□ СРА	Scheduler only
	□ Non-CPA Professional	LA Reports Only
Your signature below attests that you fully understand and agree with the Non-Disclosure Agreement on Page 2.		
New User Signature:	, .	Date:
Supervisor Signature:		Date:
FOR IDPH USE ONLY: Authorized Program Staff Signature:		Phone:
Date Received:	/ /	Org. Code to charge:
FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY:		
Token ID Number: Access Granted: IWIN		User Name: n Assigned:
Date to Fiscal:		Initials:

Fax to 515-281-4913 or Mail to:

Iowa Department of Public Health
Bureau of Nutrition and Health Promotion

ATTN: WIC Helpdesk 321 E. 12th St

Des Moines, IA 50319-0075

NON-DISCLOSURE AGREEMENT

I understand that information maintained and managed by the Iowa Department of Public Health (IDPH) may include information that is confidential in nature and, in some instances, protected by the Code of Iowa or the Iowa Administrative Code.

I understand that information, including identifying and demographic data is confidential and shall not be disclosed, except as authorized by state or federal law.

I understand that it is my responsibility as a user of an Iowa Department of Public Health computer system to use reasonable measures to protect the information contained in the system.

I understand that all passwords are confidential and that no password or security token is to be shared.

I also understand that violation of this agreement could result in criminal prosecution, or other civil or administrative remedies.

My signature on page one attests that I fully understand and agree with the above statements.