

NoN DoD Account Request Instructions (External Organizations, External Collaborators)

FORMS NEEDED:

- *eIT PMO Product Account Request Form;
- *Current DoD IA Training Certificate (*Note: Instructions below to obtain training certificate*)
- *eIT AUP

INSTRUCTIONS:

1a. *eIT PMO Account Request Form: Fill out and Sign Section A only (fillable online), General Information

Note: In Section 3, User Information, fill in your 'business' information. Fill in the 'sponsoring organization' information in 3f. and 3h.

SECTION A - GENERAL INFORMATION		
1. SERVICES REQUESTED: 1b. Additional Account	1e. PRESENT USER ID/ACCOUNT (if applicable): N/A	1f. REASSIGN FILES TO: N/A
2. TYPE OF SERVICE REQUESTED: <input type="checkbox"/> 2a. General Basic <input checked="" type="checkbox"/> 2b. Special (complete below)		
Special Services: ACCOUNT REQUEST: [Insert eIT Product Name(i.e. EDMS, EDC, SAE, eCTD)]		
[Insert access you are requesting and/or POC who requested you obtain an account]		
3. USER INFORMATION:		
3a. Rank/Title: [i.e. Mr./Ms./Dr.]	3b. Name (First MI Last): [Requestor's Full Name]	
3c. Status: <input type="checkbox"/> Military <input type="checkbox"/> Civilian <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Foreign National		
3d. Street Address: [Business Street Address]		3e. ZIP Code: [Zip Code]
3f. Organization/Activity: [Name of Sponsoring Organization]		3g. *Company: [Company Name if Applicable]
3h. Office Symbol: [Sponsoring Org Office Symbol]	3i. Bldg No/Room No: [Insert]	
3j. Telephone No: COMM: [Business Number]	DSN: [N/A]	FAX: [If Applicable]
4. EFFECTIVE DATE OF REQUEST: (YYYYMMDD) [Insert Date of Request]		5. E-MAIL ADDRESS: [Insert work email address]
6. COMMENTS/NOTES: REQUESTOR COMPLETE SECTION A - GENERAL INFORMATION ROUTING: SEND TO usarmy.detrick.medcom-usamrmc.other.eit-pmo@mail.mil (ATTACH CURRENT DoD IA CERTIFICATE OF TRAINING and eIT AUP)		
7a. AIASO Printed Name: N/A	7b. Requestor Sign Electronically if Possible	7c. Date Signed: (YYYYMMDD) [Insert Date Signed]

1b. *DoD IA Training Attachment:

- ❖ Attach a copy of your DoD IA Training Certificate.
- ❖ If you do not have a DoD IA Certificate, log in with the NoN CAC Login (guest account) to <https://ia.signal.army.mil/login.asp>. Access the Cyber Awareness training and take the Cyber Awareness Challenge exam at this site.
- ❖ Attach the Cyber Awareness Challenge Exam Certificate (DA Form 87) verifying exam completion.

1c. *eIT AUP Attachment:

- ❖ Read and Sign the eIT AUP.
- ❖ Non DoD Requesters must obtain the Government Sponsor's Signature from the Sponsoring Organization. **Note: Government Sponsor Signature refers to the Government Supervisor (or designee) of the Branch/Division sponsoring the Collaborator or who has Contract/Agreement oversight; Grade 04 or above or GS-13 or above.**

ROUTING:

Requestor will email/route the eIT PMO Product Account Request Form, IA certificate, and eIT AUP to the eIT PMO Mailbox: usarmy.detrick.medcom-usamrmc.other.eit-pmo@mail.mil

REQUEST FOR COMPUTER SERVICES

AUTHORITY: For use of this form see USAMRMC Memorandum 25-2
PRINCIPAL PURPOSE: To request initial account or request changes to existing account.
ROUTINE USES: To establish USAMRMC accounts.
DISCLOSURE: Mandatory. Failure to provide this information could result in the applicant not being able to receive an account.

SECTION A - GENERAL INFORMATION *(To be completed by AIASO)*

1. SERVICES REQUESTED: 1b. Additional Account	1e. PRESENT USER ID/ACCOUNT (if applicable): N/A	1f. REASSIGN FILES TO: N/A
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2. TYPE OF SERVICE REQUESTED: 2a. General Basic 2b. Special *(complete below)*
Special Services: ACCOUNT REQUEST:

3. USER INFORMATION:
3a. Rank/Title: _____ 3b. Name *(First MI Last)*: _____
3c. Status: Military Civilian Student Contractor Foreign National
3d. Street Address: _____ 3e. ZIP Code: _____
3f. Organization/Activity: _____ 3g. *Company: _____
3h. Office Symbol: _____ 3i. Bldg No/Room No: _____
3j. Telephone No: COMM: _____ DSN: _____ FAX: _____

4. EFFECTIVE DATE OF REQUEST: (YYYYMMDD)	5. E-MAIL ADDRESS:
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6. COMMENTS/NOTES:
REQUESTOR COMPLETE SECTION A - GENERAL INFORMATION
ROUTING: SEND TO usarmy.detrick.medcom-usamrmc.other.eit-pmo@mail.mil
(ATTACH CURRENT DoD IA CERTIFICATE OF TRAINING, eIT AUP; IF APPLICABLE)

7a. AIASO Printed Name: N/A	7b. F.Yei Ygrcf'	7c. Date Signed: (YYYYMMDD)
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SECTION B - AUTHENTICATION *(To be completed by Responsible Functional Proponent, as appropriate)*

1. System:	2. Privileges:	3. Date Signed: (YYYYMMDD)	4. Proponent Signature:

SECTION C - VERIFICATION *(To be completed by Security Officer) SECTION C NOT APPLICABLE FOR eIT ACCOUNT*

1. Status:	2. Date Signed: (YYYYMMDD)	3. Security Officer Signature:

SECTION D - APPROVAL *(To be completed by IASO)*

1. IASO Printed Name:	2. IASO Signature:	3. Date Signed: (YYYYMMDD)