

Superuser Authorization Form

Superusers are individuals who have oversight responsibilities for their LME and/or provider agency.

To enroll as a superuser, please complete the following information:

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Title |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| Email | Re-enter Email |
| <input type="text"/> | <input type="text"/> |

LME

| | | |
|----------------------|--------------------------------|----------------------|
| Provider Agency Name | Provider Agency Street Address | Provider Agency City |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Superuser Status Authorized by:

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Title |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Phone Number | Email | Re-enter Email |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you need to become a superuser with more than one LME and/or more than one provider agency, enter the information below, as needed:

LME

| | | |
|----------------------|--------------------------------|----------------------|
| Provider Agency Name | Provider Agency Street Address | Provider Agency City |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Superuser Status Authorized by:

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Title |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Phone Number | Email | Re-enter Email |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | | |

| | | |
|----------------------|--------------------------------|----------------------|
| Provider Agency Name | Provider Agency Street Address | Provider Agency City |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Superuser Status Authorized by:

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Title |
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| | | |
|----------------------|----------------------|----------------------|
| Phone Number | Email | Re-enter Email |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

LME

| | | |
|----------------------|--------------------------------|----------------------|
| Provider Agency Name | Provider Agency Street Address | Provider Agency City |
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Superuser Status Authorized by:

| | | |
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| Last Name | First Name | Title |
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| | | |
|----------------------|----------------------|----------------------|
| Phone Number | Email | Re-enter Email |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |