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Terms & Conditions

1. One username and password will be assigned by the Trillium Training Department to each person for the learning portal. It is the responsibility of the **individual user** not to divulge the assigned username(s) and password(s) to any other user, including to supervisors and co-workers. If there is a breach of security, it is the responsibility of the **provider organization** to notify Trillium so appropriate action can be taken. Possible action may include removal of the user's right to sign on.
2. It is the responsibility of the **provider organization** to notify Trillium when staff members leave the organization immediately so user ID can be terminated.
3. The Learning Portal system is accessed via the internet.
4. It is the responsibility of the **provider organization** to maintain the computers that have the capacity to perform these functions for its users. Trillium is responsible for ensuring the systems are working properly and connectivity to the systems can be established. The internet access is a secure connection for both of these sites.
5. Virus protection software which updates automatically on a daily basis is required on the computer being used to connect with Trillium.
6. Any infraction of this agreement can result in the removal of the ability for the user to access either system.

Staff Information

For each staff person requesting access to the Learning Portal, please have them complete the following information.

Staff Name <i>(Please PRINT clearly.)</i>			
Email Address <i>(Please PRINT clearly.)</i>			
<i>If you forget your password and need to have it reset, we will ask you for the answer to one of the following secret questions. Please answer <u>at least one</u> of the following questions</i>			
1. What is your favorite pet's name?			
2. What city were you born in?			
3. Who was your first boy/girl friend?			
<i>By signing below, I agree to the terms and conditions on the first page.</i>			
Staff Signature		Date	

Provider Organization Information

Provider Organization Information

Organization Name						
Site Street Address		City		State		Zip
Phone Number		Email Address				

For Trillium Health Resources Use Only	
User Name Assigned _____	Password Assigned _____
Completed by _____	Date Completed _____
Date User Notified _____	Date User ID Removed _____

NOTE: This form will not be processed with missing information.

Request for Removal of Provider/Staff

Please remove this person from the above organization	
Requestor's Name <i>(Please print.)</i>	
Requestor's Signature	Date

For Trillium Health Resources Use Only	
Completed by	Date Completed

Please email completed form to Trainingunit@TrilliumNC.org