



MS-WITS User Account Information

User Account Information:

First Name _____

Last Name _____

Gender _____

Agency _____

Facility (service location) access needed _____

Job Title _____

How will you use the system? _____

Hire Date _____ Phone _____

Email _____

User Account Requested By:

Name _____

Job Title _____

Agency _____

Cell Phone _____ Work Phone _____

Email _____

For DMH Use Only:

User Id _____

Password _____

Email completed form to ehrhelppdesk@dmh.ms.gov for processing.