ARIES New User Registration Form

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| Agency: |  | Date: |  |
| Last name: |  | First Name: |  |
| Job Title: |  | Primary Role:[ ]  Agency Management[ ]  Agency ARIES Administrator [ ]  Case Manager[ ]  Data Entry[ ]  Medical\Clinical Staff[ ]  Non-User[ ]  Receptionist [ ]  Ancillary Service Staff |
| Phone #: |  | Ext. |  |
| Fax #: |  |
| Email: |  |
| Employment Status: | [ ]  Full-Time [ ]  Part-Time [ ]  Volunteer |
| Start Date: |  | New Position: | [ ]  Yes [ ]  No |
| If position is not new, which employee is being replaced? |  |
| Replaced Employee’s Separation\Termination Date: |  |

I authorize The Resource Group to grant ARIES access to the above employee.

|  |  |  |
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|  |  |  |
| *Executive Director or Equivalent Name* |  |  |
|  |  |  |
| *Executive Director or Equivalent Signature* |  | *Date of Signature* |

Fax signed document to (713) 526-2369

Or scan and email signed document to:

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