



DDDS User Request Form

Name of Provider Organization or DDDS Business Unit:

Add User

Upgrade to Supervisor

Terminate User

Indicate the ROLE this user should have in your organization (Check ALL that apply):	
<input type="checkbox"/>	Instructor
<input type="checkbox"/>	Supervisor (Check the appropriate Sub-role below):
	<input type="checkbox"/> User Management
	<input type="checkbox"/> Enrollment Management (includes Training Plans and Live Events)
	<input type="checkbox"/> Report Management
<input type="checkbox"/>	Skills Checklist Observer
<input type="checkbox"/>	Skills Checklist Data Entry ONLY
<input type="checkbox"/>	Learner

USER'S INFORMATION

First Name:

Last Name:

User Name:

(MUST be in email format – i.e., first.last@emailprovider.com – recommend a LIVE email address)

EMAIL:

(if different than user name above)

HIRE DATE:

TERMINATION DATE:

THIS USER SHOULD BE RESTRICTED TO ONLY SPECIFIC IP ADDRESSES:

NO – allow to access from any device

YES – restrict this user to ONLY specific IP Addresses

IP ADDRESSES already provided to DDDS for entry in Relias

Please ADD the following IP ADDRESSES for my Organization

IP ADDRESS:

IP ADDRESS:



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USER CATEGORY (DDDS JOB CODE):

DESCRIPTION	JOB CODE	Check ALL That Apply
Administration / Directors	ADMIN	
Administrative Support Personnel	ASP	
Behavior Analyst	BA	
Behavior Analyst staff employed by DDDS	BA - DDDS	
Community Navigator	CNAV	
Direct Support Professional – Community Participation	DSP - CP	
Direct Support Professional – Day Services/Community Based	DSP – DAY - CB	
Direct Support Professional – Day Services/Facility Based	DSP – DAY - FB	
Direct Support Professional - Residential	DSP - R	
Direct Support Professional – Residential – Supported Living	DSP – R - SL	
Direct Support Professional – Residential - Medical	DSP – R - M	
Direct Support Professional – Pre-Vocational Services	DSP - PV	
DSP Manager/Supervisor	DSP- M	
Employment Navigator	EN	
Employment Support Personnel	ESP	
Nursing	NUR	
Nursing staff employed by DDDS	NUR - DDDS	
Program Oversight	PO	
Shared Living Provider	SLP	
Support Coordinator	SC - DDDS	
Transportation	TRN	
Volunteer / Intern / Contractor	VOL / INT / CONT	

Name of Relias Training Supervisor submitting request:

Email address for Relias Training Supervisor:

Send completed form to DDDS_OPD_Questions@delaware.gov.