Instructions for Completing the AMS System Account Request Form

SECTION 1 – Requestor Information (Requestor)

Fill in your First Name, Last Name, Email address, OPDIV (drop down or type if not listed), HHS ID and Affiliation (drop down) information. Additionally, if a specific AMS account name is required, please provide.

SECTION 2 – Account Details (Requestor)

This section is used to request access to specific applications with various roles, provided AMS integrates with those applications; both of these details are optional, but recommended.

Additionally, please provide the justification for the service/system account and include a level of detail to fully communicate the use case and why a standard user account cannot be leveraged. This is a required field.

SECTION 3 – Agreement (Requestor)

PIV Holder – Please select your completion status regarding the HHS Annual IT Security Awareness training and read the attestation regarding the information provided on the form. If you agree, insert the signature of the Requestor

> Left click the signature field
> In the 'Sign Document' dialog, ensure the –S certificate from your PIV is selected, and click 'Sign'
> Enter your PIV PIN, and save the document when prompted

Once all information in sections 1-3 is complete, the requestor can click the "Email to Supervisor" button to generate an email with the form attached. Please be sure to add the recipient email address before sending.

SECTION 4 – ISSO Approval (Application ISSO)

The ISSO of the target system will fill out their contact information and provide a date when the AMS system account should expire (if none is provided account expiration will align to requestor PIV expiration and will subsequently digitally sign, attesting to the requestor's need for the account and related credentials.

Once all information and a signature in section 4 is complete, the supervisor can click the "Email to PERSEC" button to generate an email with the form attached. Be sure to address to the specific OPDIV PERSEC office email if needed (HHS HSPD-12 office is currently the default email.

Section 5 – Personnel Security Approval (PERSEC)

Once the form is received, PERSEC specialists will validate the requestor has signed the Rules of Behavior, and will also confirm that an appropriate background investigation has been scheduled or completed to support an AMS system account, providing their digital PIV signature once complete.

Once all attestation and signatures are complete in section 5, the PERSEC specialist can then email to the PMO for approval. Clicking the "Email to PMO" button will generate an email with the completed form attached and pre-addressed.

Section 6 – PMO Approval (AMS PMO)

If the PMO approves of the account creation, they will digitally sign. Clicking the "Email to AMS" button will generate an email with the completed form attached and pre-addressed to the Tier III helpdesk for processing.

Section 7 - AMS Internal Use Only, do not fill out

AMS System Account Request Form

SECTION 1 **Requestor Info**	**First Name:**
	Last Name:
	Email (Primary SMTP):
	Contact Number:
	OPDIV:
	HHS ID (10-digit # on back of PIV):
	Affiliation (Contractor/Federal):
	Requested AMS System Account Name (Username):
SECTION 2 **Account Detail**	**Application(s) (Optional):** **Application Role(s) (Optional):** **System Account Justification:**
SECTION 3 **Agreement**	**I have completed the Annual IT Security Awareness Training:** Yes No I accept the responsibility for the system to which I am granted access and will not exceed my authorized level of access. I understand that my access may be revoked or terminated for non-compliance with Department of Health and Human Services (HHS) security policies or with the latest AMS System Account Guideline. I accept responsibility to safeguard the information contained in this system from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my system account when access is no longer required. I agree to follow the guidance provided by the latest 'AMS System Account Guidelines (Digital Signature)
SECTION 4 **ISSO Approval**	Verification: By signing below, the target application ISSO is confirming the need for an AMS System Account as well as confirming that the information presented in the User Information section of this form is accurate and complete for the individual to whom the account is issued. **ISSO Name:** **Contact Number:** **Email (Primary Government):** **Acct Expiration:** (Digital Signature)
SECTION 5 **Personnel Security Approval**	Select the appropriate checkbox below to verify that the applicant has signed the application Rules of Behavior. Note: The signature page for the application Rules of Behavior must be signed and submitted back to the Authorizing Agent along with this completed AMS System Account Request Form. Yes No Confirm that favorably adjudicated fingerprints have cleared and required investigation has been initiated/completed. Note: AMS Tier 1/2 Help Desk Roles, Role Assignment Services role, PIV Exception role and Search HHSID role require Tier 4 - Background Investigation (BI) and AMS Super Administrator Role requires Tier 5 - Single Scope Background Investigation (SSBI). Yes No (Digital Signature)
SECTION 6 **PMO Approval**	By my signature below, I approve of this AMS system account request and authorize the AMS team to provision the account. . (Digital Signature)
SECTION 7 **Internal Use Only**	**Additional Information (Accounts, Roles, Notes):**