Access Management System
AMS Role Request Form

Form Description: Request to have an AMS Role assigned to your AMS digital identity.
Instructions: A separate AMS Personnel Security Administrator form is required for *each* role you would like assigned to your digital identity. All fields are required unless otherwise noted.

1. User completes Section 1 to initiate request and forwards form to their supervisor with signed copy of the HHS Application Rules of Behavior Form. All information in Section 1, with the exception of Mobile Phone, is required.

2. User's Supervisor completes Section 2: User's Supervisor Approval Section and forwards to the designated Personnel Security Administrator for the user's organization with the signature page from the application Rules of Behavior. Please login to AMS and go to the Help Page on the AMS Home Tab for a list of AMS Personnel Security Administrators.

3. Personnel Security Administrator(s) completes Section 3: Personnel Security Administrator Approvals and forwards the completed copy, together with the signature page from the Rules of Behavior, to the AMS Authorizing Agent. Please login to AMS and go to the Help Page on the AMS Home Tab for a list of AMS Authorizing Agents.

4. AMS Authorizing Agent completes Section 4: Authorizing Agent Approval verifies form completion, and forwards, together with the signature page from the Rules of Behavior, to the AMS PMO Office.

Please send questions about AMS to the following email address: IAMAMSPMO@hhs.gov

Section 1: User Information

Name (Last, First, M.I. - please **print** legal name) _____

Employee Position Title _____

Employment Category   Federal Employee   Contractor

Email Address (HHS email address preferred) _____

Desk Phone: _____   Mobile Phone: _____

HHS (10 digit ID appearing on the back of your PIV card) _____

OpDiv (please check off an operating division from the following list that best represents your current work assignment.)
[Check one OpDiv only—>]

ACF	CMS	NIH
AHRQ	FDA	OIG
ACL	HRSA	OS
CDC	IHS	PSC
SAMHSA	ASPR	

Select desired AMS Application Administrator Role:
(Specify the application e.g. ITAS, EWITS)

    Application Role Assignment Services _____ (Specify the application e.g. LMS, EHRP)

    Request Approval Framework _____ (Specify the application e.g. LMS, EHRP)

    Search HHSID Services

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 system access. I understand that my access may be revoked or terminated for non-compliance with Department of Health and Human Services (HHS) security policies. 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 account when access is no longer required.

USER SIGNATURE _____   DATE (mm/dd/yyyy) ____/____/____

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Section 2: User's Supervisor Approval

APPLICANT'S PRINTED NAME

_____

REASON FOR ACCESS

_____

VERIFICATION

By signing below, the Supervisor is confirming the need for assignment of the AMS administrator role, specified above, to the applicant's digital identity as well as confirming that the information presented in the User Information section of this form is accurate and complete.

EMPLOYMENT OR CONTRACT EXP. DATE (if applicable)

_____ / _____ / _____

Printed SUPERVISOR'S NAME/TITLE

Supervisor Signature

_____   _____

SUPERVISOR'S PHONE NO.   SUPERVISOR EMAIL   DATE (mm/dd/yyyy)

_____   _____   ____ / ____ / _____

Section 3: Personnel Security Administrator Approval

1. 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 Role Request Form.

   ☐ YES   ☐ NO

2. Confirm that favorably adjudicated fingerprints have cleared and that required investigation has been initiated or completed.
   Note: The Role Assignment Services role and Search HHSID role require **Tier 2 - Non-Sensitive Public Trust, Moderate Risk** and AMS Super Administrator Role requires **Tier 4 - Non-Sensitive Public Trust, High Risk**

   Tier 2 (Moderate Risk)   Tier 4 (High Risk)   NO

PERSONNEL SECURITY ADMINISTRATOR NAME (please **print**) _____
 and
SIGNATURE _____ DATE (mm/dd/yyyy) ____/____/____

Section 4: Authorizing Agent Approval

Authorization is approved for the user identified above to access AMS with privileges commensurate with the role/access level identified above.

AUTHORIZING AGENT NAME (please **print**) _____ DATE (mm/dd/yyyy) ____/____/____

AUTHORIZING AGENT SIGNATURE _____

AUTHORIZING AGENT EMAIL _____

Instructions to Authorizing Agent
 1) Verify that individual has signed the application rules of behavior form for the application
 2) Check that all questions on both pages have been completed and that entries are legible
 3) Fax completed copy of this Request Form and Rules of Behavior signature page to the AMS Program Management Office at (301) 451-5504 or email scanned image of form to IAMAMSPMO@hhs.gov