

**CCHC Staff Account Request and Training Attestation Form**

Thank you for your interest in joining CCHC. In order to provision you with access to CCHC and your respective practice, please follow the below steps and attest that you have completed the required training modules. Please note that CCHC utilizes “Change Healthcare” as our technology platform.

**Step 1**

**Complete your training**

Change Healthcare provides additional functionality that may not be in use by your specific organization, so the below required training is focused on what your organization may use Change Healthcare /CCHC for, i.e. receiving and reviewing Results. Press and hold the Control (Ctrl) key, then use your mouse to click on each applicable video below. \*\*\*Please note the training modules are *not* required if you have or are planning to receive formal Change Healthcare Care Team Portal training from a CCHC representative or other qualified trainer.

Required training module:

[Navigate Provider Portal](https://vimeo.com/306883707/a89b280016) 10:43 Minutes

[Search Your Entire Network](https://vimeo.com/255479692/d0aec61145) 1:46 Minutes

Optional module depending on your practice’s utilization:

[Results Manager](https://vimeo.com/332248787/cc9c12c4b8) 6:41 Minutes

**Step 2**

***Complete the below registration form – please type or write legibly***

**Registration Form:**

|  |  |
| --- | --- |
| **Full Legal Name** |  |
| **DOB** |  |
| **Gender** |  |
| **Job Title** |  |
| **Practice Name** |  |
| **Hospital Department Name**  **(if applicable)** |  |
| **Business Email Address** |  |
| **Business Mail Address** |  |
| **City, State, Zip Code** |  |
| **Phone Number** |  |
| **Fax Number** |  |

**Step 3**

**Training Attestation**

I \_\_(Print your first and last name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I have completed the setup of my Change Healthcare (CCHC) account and have either watched the required training module, or have received, or will receive, formal Change Healthcare Care Team Portal training *prior* to utilizing the Change Healthcare system.

I am requesting access to the following organizations/practices:

\_(Insert Practice(s) you need access to – use ‘CHOMP Online’ for CHOMP staff)\_\_\_\_\_\_\_\_

Attestor’s Signature and Title Date

Once this form has been completed, scan and email it back to your practice manager who will forward it to [cchc-help@centralcoasthealthconnect.org](mailto:cchc-help@centralcoasthealthconnect.org). Once received and processed, CCHC staff will provision your account with access to the specific practice you requested. You will receive an email with your username and temporary password, to which you’ll need to update the password and create/answer security questions the first time you log on.