



## Cx360 User Account Form

Instructions: Please complete the form below to request access to Cx360, make updates to a User's account or notify HealthWest when an employee's user account needs to be inactivated.

GENERAL INFORMATION	
Employee Full Name:	
Employee Title:	
Work E-mail:	Work Phone Number:
Agency Name:	
Agency Address:	

REQUEST TYPE (Check one and enter the effective date)			
	User Addition	Effective Date:	
	User Deletion	Effective Date:	
	User Change	Effective Date:	
	Change Needed:		

APPROVAL			
Signature of Requestor		Date:	
Signature of Supervisor		Date:	

Please submit completed HealthWest Cx360 Security Request Forms to D'licia Green by e-mail:  
([dlicia.green@healthwest.net](mailto:dlicia.green@healthwest.net)).