

PHEP SharePoint Online Application Form

Instructions & Agreement

Please complete this application form to apply for access to one of PHEP's Partner SharePoint sites. Once completed, use the Submit button to launch your Email program, attach this application as an email attachment, and then send to dslritsupport@cdc.gov. All applications will then be reviewed by the Division of State and Local Readiness (DSLRL) site administrator for approval before access is granted. If your application is approved, you will receive an email inviting you to register with Secure Access Management Services(SAMS), a gateway for external partners to enter the PHEP Partner SharePoint site within CDC's secure environment.

The invitation email will come from **Sams-No-Reply (CDC)** and the subject will be: **U.S. Centers for Disease Control: SAMS Partner Portal – SAMS Activity Authorization**. You have **30 days** from receiving the invitation email to complete account registration.

DSLRL reserves the right to deny, suspend, or terminate subscription to the SharePoint site for any reason. This PHEP Partner SharePoint site is only intended for state, local, territorial, and tribal authorities and federal partners.

By requesting an account on Secure Access and Management Services(SAMS) PHEP Partner SharePoint, you agree to abide by the following:

- I will not publish any person's photo, phone number, and/or e-mail address without his/her permission or without prior authorization by the Sponsor/Information Owner.
- I will not deliberately publish any false or inaccurate information about federal or state agencies.
- I will not use obscene or intolerant language, offensive graphics, or video images that are inappropriate for electronic or any other forms of organization discourse. The determination of what is obscene, offensive, or intolerant is at the discretion of DSLRL management.
- I will not publish copyrighted information to the PHEP Partner SharePoint site without first obtaining the permission of the original creator and giving acknowledgment where required by applicable law.
- I will take responsibility for maintaining the content I publish and keeping all directories on the PHEP Partner SharePoint site assigned to me up-to-date and free of old files and information.

To request your account, fill out and submit the form below (page 2).

PHEP SharePoint Site Application Form

Do you already have an account with SAMS?	<input type="checkbox"/> (Check if yes)
First Name: *	
Last Name: *	
Email Address: *	
Job Title: *	
Organization Name: *	
Organization Type: *	
External Partner Type: *	
Phone Number: *	
HHS Region: *	
State, Territory, or Directly Funded City (DFC):	
Metropolitan Statistical Area (MSA):	
Cities Readiness Initiative (CRI) Jurisdiction:	
Name of partner site to access: <i>(ask your Project Officer or CDC contact if unsure)</i>	<input type="checkbox"/> On-TRAC <input type="checkbox"/> MCM Planning Guide

* - Required to set up SAMS profile

I have read and agree to the above requirements. This agreement is valid for the duration of the site usage from date of approval. *