

Los Angeles County One-e-App User Account Application



Type of Request:

☐ Add

☐ Modify

☐ Inactivate

☐ Reactivate

☒ Delete
(Remove)

User Information

Are you an employee of the MHLA Clinic or Agency listed below? (Y/N): _____

Employee #: _____
(For LA County - DHS Employee use ONLY)

If not, to what organization do you belong: _____

First Name: _____ Middle: _____ Last Name: _____

Agency: **ABC Health Plan** Site: **Highland Park**

Address: **1111 Ave 60**

City: **Los Angeles** State: **CA** Zip Code: **90042**

Work email: _____ Work Phone: **(323) 111-1111**

Type of Access

1) 2)

Please note that you must provide proof of your CEC or CAA certification, and/or a Certificate of Attendance from We've Got You Covered if requesting CEC or CEC Supervisor roles.

Type of License/Certificate	License/Certificate Number	Certification Date	Supervisor's Initial(s)	Date Verified

VERIFICATION OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT

Any Authorized User whose position requires a valid license/certification/registration/permit to perform the duties of his/her position is responsible for ensuring that the license/certificate/registration/permit is kept current. Failure by a designated staff to maintain the required license/certificate/registration/permit may result in denying access to One-e-App. The staff must provide documentation for verification. If there is a change in status (revocation, suspension and/or other related activities where employer notification is required) of the license/certificate/registration/permit, staff shall immediately notify their supervisor and cease enrollment activities immediately.

Justification: **No longer employed at ABC Health Plan Clinic. Please see attached spread sheet.**

(Explain the reason for the Type of Request)

Applicant's Signature: _____ Date: _____

Supervisor's Name: **Jane Doe** Phone: **(323) 111-1111**

Supervisor's Signature: **Jane Doe** Date: **05/18/2017**

User Account Administrator use ONLY

User Login ID: _____ Completed By: _____ Date Completed: _____

Instructions:

NOTE: Please complete the form in its entirety and follow all instruction listed below. Failure to do so will result in processing delays.

- 1) Complete One-e-App User Account Application Form, and Acknowledgment of Receipt and Understanding (Attachment A).
- 2) Scan & attach completed documents in an email to: helpdesk@dhs.lacounty.gov. Type in the Subject Line: **OEA USER APPLICATION**
- 3) Attach ONLY ONE employee request per email to the Service Desk, combining of applications in one request will result in delays.
- 4) An email from helpdesk@dhs.lacounty.gov will be sent to the submitter acknowledging receipt including a ticket number.
- 5) Once the application is processed, authorized user will receive an email from helpdesk@dhs.lacounty.gov with login instructions.