



Compass Access Request Form

Complete this form to create a new WIC staff account, change an existing staff account, or inactivate a WIC staff account. When completed, please email this form to COWICcompass@state.co.us. A State WIC staff member will contact you when your request has been fulfilled. Please allow three business days for updates to user access.

Why are you completing this form?

Create new staff account.

Change existing staff account information and/or access.

Inactivate staff account.

Effective Date:

Full Name

Employee Email:

Phone Number:

Credentials, If Applicable:

Select at least one option below:

Select appropriate options below, if applicable:

<input type="checkbox"/>	Director	<input type="checkbox"/>	High-Risk Counselor
<input type="checkbox"/>	Supervisor/Manager	<input type="checkbox"/>	LMS
<input type="checkbox"/>	Educator	<input type="checkbox"/>	LARC
<input type="checkbox"/>	Breastfeeding Peer Counselor (BFPC)	<input type="checkbox"/>	Lactation Consultant
<input type="checkbox"/>	BFPC Coordinator	<input type="checkbox"/>	Other
<input type="checkbox"/>	Lead BFPC		
<input type="checkbox"/>	Breastfeeding Coordinator		
<input type="checkbox"/>	RN		
<input type="checkbox"/>	Dietitian		
<input type="checkbox"/>	Admin. Assistant		
<input type="checkbox"/>	Program Assistant		
<input type="checkbox"/>	Health Department Receptionist		

Local Agency:

Home Clinic:

Check here if user needs access to ALL clinics within the local agency:

Supervisor Name:

Supervisor Email:

Comments:

I, the new employee agree to the [Compass New User Terms and Conditions](#)

Supervisor Signature	Date	Employee Signature	Date



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Removing Access to Compass

For removing an employee's access, please complete the following from.

Effective Date:	
Full Name:	
Employee E-mail:	
Phone Number:	

	I confirm I've removed the employee's access to wichealth.org .
	I confirm I've removed the employee's access to CIIS .
	Please mark here if this employee had access to WRS and that access needs to be deactivated by the Help Desk.

Supervisor Name:	
Supervisor E-mail:	

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Supervisor Signature

Date