



imMTrax Role Change Request Form



The imMTrax Role Change Request Form may only be submitted by users seeking a change in available functions to their existing imMTrax account. All changes are subject to approval. Forms not completed in their entirety will not be processed. Users unsure of their current or desired imMTrax role should contact the Montana Immunization Program imMTrax staff prior to submission.

RETURN TO: Fax (406) 444-2920

Last Name

First Name

Login ID (state-issued)

Email

Organization (ex: St. Paul's Hospital System)

Site (ex: St. Paul's Hospital- Miller Street Clinic)

School-Based imMTrax User? (School Nurse or other School Personnel)

Yes

Current imMTrax Role [imMTrax Role Descriptions](#)

Read Only

Read Only with Consent

Client Maintenance

Data Entry

Site Administrator (or higher)

Desired imMTrax Role

Read Only

Read Only with Consent*

Client Maintenance

Data Entry

Note: Requests for change in access to Site Administrator or Site Administrator with Merge Functions must be made directly to the Montana Immunization Program and will not be processed by use of the imMTrax Role Change Request Form.

**The Read Only with Consent role has additional requirements that must be completed before assignment. Requirements can be found on the Montana Immunization Program website: <http://dphhs.mt.gov/publichealth/imMTrax/imMTraxForms.aspx>.*

User Signature

Date

Supervisor Name

Supervisor Signature

Date

Question, comments, or concerns? Contact the Montana Immunization Program at (406) 444-5580.