HEALTHTRUST VERIFIED FACILITY USER ENROLLMENT

If you wish to become an HCA Employee Facility user of the HWSVerified site, complete the form below and upload to the enrollment area on the site.

If you are a representative/delegate/HR for a Vendor and would like an account to assist your team with their credentialing files, please complete the Delegate form located at
http://engage.healthtrustjobs.com/verified/delegate

Please complete in entirety to avoid any delays in Registration

Request Type		Type of Access Needed		
	Initial Request		**Approver**- you are an appropriate leader who needs to review and approve or deny credentialing requests as well as reporting.	
	Modification		**Facility Administrator (IT)**- to register workstations	
Each of these request types require next level approval			**Viewer Only Access**- for viewing and reporting purposes ONLY	
First Name				
Last Name				
Title				
Department			**Phone Number**	
Email Address *Email must be HCA or affiliate email, cannot be Vendor domain*				
Division Name				
Your Main Facility Name				
Additional Facilities Needed				

Please have one level up sign off on this request. A digital signature is acceptable.		
Approver Name		
Approver Title	3/4	
Approver Signature		

**Please allow a maximum of 72 hrs to complete your request. HealthTrust may contact you if additional information is needed.

5/26/2020