West Virginia Birth to Three Online Access Enrollment Form

State or State Read Only (Please keep a copy for your records)

User Information – PLEASE PRINT New User Information Change of Information - Please indicate the type of change: **Delete Access** Modify Access* User First and Last Name) EXT **Email** Phone (Please enter a User ID, Security Question and Answer and the last four digits of your Social Security Number. The User ID's or email address may not be duplicated. Please submit a second choice for a User ID in the event the first User ID listed is not available. The Security Question and Answer and last four digits Social Security Number is used for user identification/verification and will be required when contacting the CRO for user access. Neither the Security Answer nor Social Security Number will be used for initial password set-up. **User ID** 1) 2) Security Question Answer to Security Question _____ Social Security Number (last 4 digits) * If this form is used to Modify Access – the access marked on this form will be the only access available to the user. **User Access** Please select a single Access Type: State Read Only State Read and Write User Signature: _____ Date Administrator: _____ Date ____

The date the information is received and processed at the CRO office will determine the effective date of online access. An email will be sent to the user's email address with further directions on how to access the system. Please keep a copy of the form for your records.

Please complete this Application and mail, fax or email to:

Central Finance Office Attn: WVBTT Practitioner Enrollment P.O. Box 29134 Shawnee Mission, KS 66201-9134 wvbttenroll@gainwelltechnologies.com 913.888.6683