BIS-EDW PROVISIONING ACCESS QUESTIONNAIRE

Requestor Name/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Data Steward? Yes **[ ]**  No **[ ]**

Do you need access to BIS-EDW Cognos? Yes **[ ]**  No **[ ]**

Do you need to execute/run existing reports? Yes **[ ]**  No **[ ]**

Do you need to create new reports? Yes **[ ]**  No **[ ]**

Do you need access to any of the following restricted security groups - *Drug Rebate; Provider Ownership; Drug Pricing/FDB or Participant Financial*? Yes **[ ]**  No **[ ]**

If yes, provide justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you signed up for BIS-EDW Cognos training? Yes **[ ]**  No **[ ]**

If yes, training date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Special Requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor Signature for approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete questionnaire and send to MHD.SecurityOfficer@dss.mo.gov.