

Requesting WebSurv Access

Prerequisites:

- 1) Log into the ASAP (Automated Security Access Process)
- 2) Select type of request.

Complete the Request

- 1) Area Type – “HEALTH APPLICATIONS”
- 2) Health Area Type – “WEBSURV”
- 3) Request Type – “ADD ACCESS”

The screenshot shows a web browser window titled "RequestForm - Windows Internet Explorer". The address bar shows the URL: https://webapp02.dhss.mo.gov/asap_web/RequestForm.aspx?qstr=none. The page content includes a navigation menu with links for "DHSS Home", "State Home", "Ask Us", "ASAP Help", and "Log out". Below this is a green header for the "State of Missouri DEPARTMENT OF HEALTH AND SENIOR SERVICES" with the sub-header "a.s.a.p. automated security access processing". A yellow navigation bar contains "Request Forms", "Submit Request/Create Profile for Employee", and "Update Profile". The breadcrumb trail is "DHSS Home >> asap web >> RequestForm".

The main content area is titled "REQUESTOR INFORMATION" and contains the following details:

Name : (First Name Last Name, User ID)	MARY A BUSCHJOST - BUSCHM	Created By: BUSCHM
Bureau :	INFORMATION TECHNOLOGY SERVICES DIVISION	Modified By: BUSCHM
Section :	INFORMATION TECHNOLOGY SERVICES DIVISION	
Work Location : (Street, City, State, Zip)	920 WILDWOOD DR PO BOX 570, JEFFERSON CITY, MO, 651020570	
Office Telephone :	573-751-6103	
Email Address :	MARY.BUSCHJOST@OA.MO.GOV	

Below the information is a section for "Required Fields":

- * Area Type:
- * Health Area Type:
- * Request Type:
- * Role:

A help box on the right side of the form contains a question mark icon and the text: "Select the type of action you are requesting. If you need assistance in filling out the form, please call OIS Help Desk at 573-751-6388 or 1-800-347-0887".

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4) Select Role Type

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https://webapp02.dhss.mo.gov/asap_web/RequestForm.aspx?qstr=none

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES
a.s.a.p. automated security access processing

Request Forms Submit Request/Create Profile for Employee Update Profile

DHSS Home >> asap_web >> RequestForm

REQUESTOR INFORMATION
Created By: BUSCHM
Modified By: BUSCHM

Name : (First Name Last Name, User ID) MARY A BUSCHJOST - BUSCHM
Bureau : INFORMATION TECHNOLOGY SERVICES DIVISION
Section : INFORMATION TECHNOLOGY SERVICES DIVISION
Work Location : (Street, City, State, Zip) 920 WILDWOOD DR PO BOX 570, JEFFERSON CITY, MO, 651020570
Office Telephone :
Email Address :

* Denotes Required Fields

*Area Type:
*Health Area Type:
*Request Type:
*Role:

-- Choose Role Type--
CD_UPDATE()
CD_QA - DHSS STAFF ONLY()
CD_ADMIN - DHSS and ITSD STAFF ONLY()
TB_UPDATE()
TB_QA - DHSS STAFF ONLY()
TB_ADMIN - DHSS and ITSD STAFF ONLY()
HIV_ADMIN - includes TB_ADMIN - DHSS and ITSD STAFF ONLY()
HIV_UPDATE - includes TB_UPDATE()
HIV_QA - Includes TB_QA - DHSS STAFF ONLY()
-- Choose Role Type--

Select the type of action you are requesting.
If you need assistance in filling out the form, please call OIS Help Desk at 573-751-6388 or 1-800-347-0887

ROLES DEFINED:

CD_UPDATE – access to General Communicable Diseases

TB_UPDATE – access to TB Disease, TB Infection and MOTT conditions

HIV_UPDATE – includes TB_UPDATE and includes the HIV STATUS screen for TB DISEASE only.

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- 5) Select Reporting Requirements – “VIEW REPORTS”
- 6) Comments – If you are an existing user and need additional WebSurv access, you should mention that here.
- 7) Effective Date – Enter CURRENT date.
- 8) Add Jurisdiction – If you need access to the contiguous counties in your area, please select and add them. They will be added to the grid.

RequestForm - Windows Internet Explorer
https://webapp02.dhss.mo.gov/asap_web/RequestForm.aspx?qstr=none

Reporting Requirements: VIEW REPORTS

Comments:

Effective Date [MM/DD/YYYY]: 01/27/2010

Add Jurisdiction: -- Add a Jurisdiction --

Do you enter regional data for the last listed jurisdiction? YES NO **Press delete button to remove the last listed jurisdiction.**

Jurisdiction	Reporting Region	Regional Name	Regional Coverage
COLE - 051	F	CENTRAL	No
CRAWFORD - 055	I	SOUTHWEST	No
BARTON - 011	D	SOUTHWEST	No

I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT DATA, UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR APPROVAL OF THE REQUESTED CHANGE ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZES ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE NOT REQUIRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL STATUTES REQUIRE CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION THAT COULD BE ONE OR ALL OF THE FOLLOWING: (1) SUSPENSION, (2) CIVIL COURT AND (3) DISMISSAL. I AGREE TO KEEP CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY OFFICIAL DUTIES. IN ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.

Done Local intranet 100%

- 9) Click the I agree button and Submit Form.