NDS Application Access Request Form

Please complete this form to request access to NDS Applications

Please type or print clearly. All fields are required.

Date:	
NACCRRAware/NDS Agency ID:	
Agency Name:	
Agency Address:	
City:	Agency State:
Agency Contact Person:	
Phone number: () Email address:	Fax: ()
Our Agency would like to request access to the	e following Applications in NACCRRA's Suite of Data ser Id that will be the Administrator for each application):
Child Care Online	User ID:
Online Referral Module	User ID:
Online Provider Services	User ID:
Training Tracking	User ID:
Technical Assistance Management	User ID:
Quality Indicators Module	User ID:
Signature:	Date:

There is no additional charge for accessing multiple NDS Applications. However, we do require a signed License Addendum from an agency before we can grant access to additional applications. This form can be found by contacting the NACCRRA Data Services Help Desk or by download at http://www.naccrra.org/sites/default/files/default_site_pages/2012/nw-license_agreement_addendum_complete.pdf

If you have any questions or concerns, please email NDShelpdesk@naccrra.org or call the Help Desk toll free at 1-866 789-7590, Select Option#1.