



INDIVIDUAL USER AGREEMENT

SCHOOL NURSE & CHILD CARE MODULE

To participate in the Louisiana Immunization Network (LINKS) System

Please complete the following information for anyone in your practice who will need access to LINKS. Each individual must sign this form prior to receiving a User ID and Password. Complete and return this form with the Provider Enrollment Agreement. When an authorized user leaves this site, the site manager or designee must send the Remove User form to the LINKS Regional Consultant immediately after the employee's last day of employment.

By signing below, each user acknowledges the following:

- He/she has read and agrees to abide by the LINKS Confidentiality Policy.
- Information contained in LINKS is confidential and can only be used for those purposes outlined in the LINKS Confidentiality Policy.
- Each user is responsible for safeguarding his/her User ID and Password.
- User ID and/or Password must not be given to others.
- LINKS User IDs and Passwords must not be posted any place.
- Individual LINKS Passwords should be changed periodically to protect security.
- The computer should not be left unattended when a LINKS session is open.
- Always log off and close the browser when you are finished with a LINKS session.
- Users must complete "Basic LINKS" and "School Nurse Module" training in LINKS LMS Training Portal

ALL FIELDS MUST BE COMPLETED FOR THIS AGREEMENT TO BE PROCESSED

Name of School:		
Public or Private?	Parish:	Region #:
First Name:	Last Name:	Email:
Previous LINKS access? (Y/N)	If yes, what was your previous school or center?	Title/Position:

All users are required to complete LINKS LMS Training, link to portal: <https://louisianalms.stchealth.us/>
After completion of your training, please submit all certificates of completion with completed agreement form to your Regional Consultant (see homepage for a list).

Signature: _____ Date: _____