

How to submit a request for TPR assistance/training

1. Click the following [OIA Services Request](#) Link.
2. Under the *Category of Service* selection select **OIA Training** from the drop-down.

The screenshot shows a form section titled "Category of Service". Below the title, there is a prompt: "Please select one of the following categories of service you would like Informatics and Analytics (OIA)?". A red asterisk indicates a required field. A dropdown menu is open, showing "OIA Training" selected. Other options include "Consultation or Support" and "Standards Development". A red arrow points to the "OIA Training" option. A "Submit" button is visible to the right.

3. The *Category of Service* field will expand. From the drop-down you will select **TPR Registration Assistance/Training (I-MU)**.

The screenshot shows the expanded dropdown menu for "Category of Service". The prompt is: "Based on the category of service you selected, OIA Training may be what you are looking for. Please review the list of services in this area of expertise and select the service you would like assistance with." A red asterisk indicates a required field. The dropdown menu lists several services, with "TPR Registration assistance/training (I-MU)" highlighted. A red arrow points to this option. To the right, there are "Yes" and "No" radio buttons, and a "reset" link.

4. In the next field, under the *Category of Service* section, you will select **Yes** and select **your desired completion date** (the date you wish to have the training scheduled by) from the calendar.

The screenshot shows a form section titled "What is the mandated completion/production date?". A red asterisk indicates a required field. There is a date input field with a calendar icon and a dropdown menu showing "Jun" and "2022". A red arrow points to the date input field. Below the date field is a "Description of Service" section with a "Brief Description" prompt and a red asterisk. A calendar is open, showing the date "20" selected. A red arrow points to the date "20" in the calendar.

5. Next, under the *Description of Service* section, you will place in the **Brief Description** the type of training you are looking to receive (I.e.- Registration Assistance, User Access, TPR Overview, etc.), confirm whether you already have access to TPR or not, and include all names (first/last) and email addresses that you would like to include in the training.

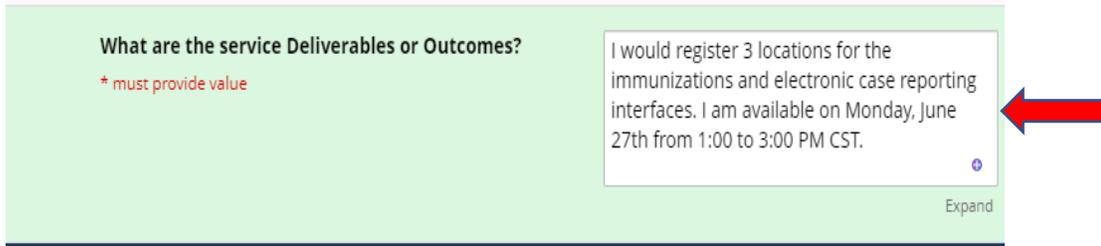
The screenshot shows the "Description of Service" section. The prompt is: "Brief Description - Please provide a brief description of the service you would like from OIA." A red asterisk indicates a required field. A text area contains the following text: "I would like to register my intent to exchange data with TDH and I need assistance. I currently have access to TPR. I would like to include Pam Crane (pcrane@tn.gov) and John Paul (jpaul@tn.gov)." A red arrow points to the text area.

6. For the next question under the *Description of Service* field, you will **state what your goals or intentions are for the training.**

What are the service Deliverables or Outcomes?
* must provide value

I would register 3 locations for the immunizations and electronic case reporting interfaces. I am available on Monday, June 27th from 1:00 to 3:00 PM CST.

Expand



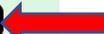
7. Under the Requester Information section you will select **No** if you DO NOT work for the Tennessee Department of Health (TDH) and complete all subsequent fields and click **Submit**. You will select **Yes** if you work for TDH and complete all subsequent fields and click **Submit**.

If you select No, the following fields will populate

Requester Information

Do you work for the Tennessee Department of Health?
* must provide value

Yes

No 

reset

First Name
* must provide value

Last Name
* must provide value

Job Title:
* must provide value

Please provide your email address.
* must provide value

This should be your individual email address not a group address

Phone Number

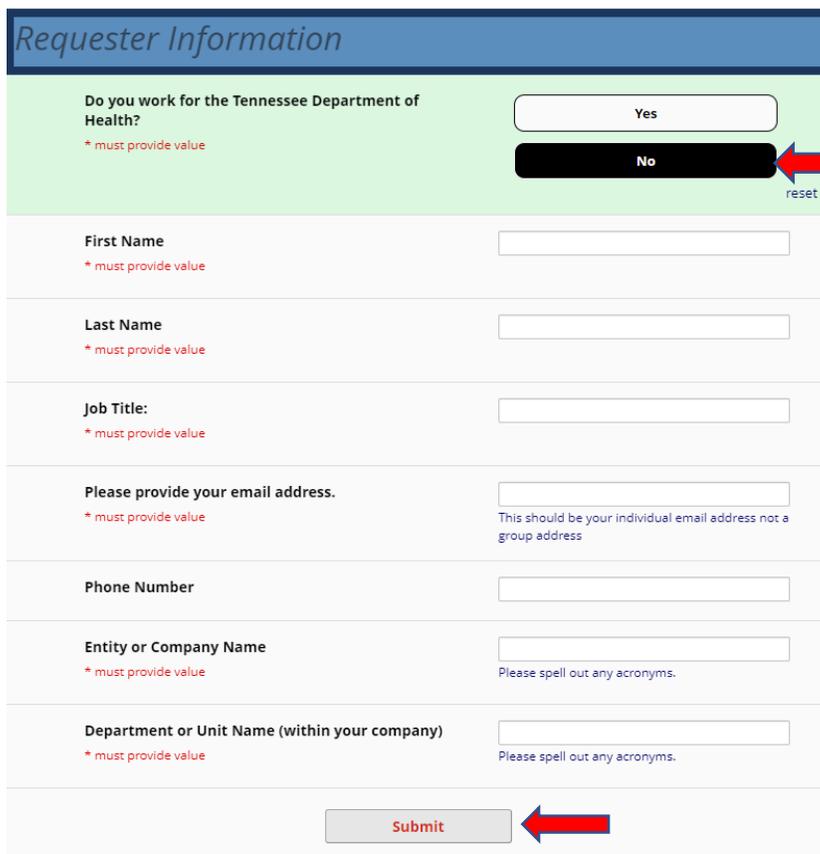
Entity or Company Name
* must provide value

Please spell out any acronyms.

Department or Unit Name (within your company)
* must provide value

Please spell out any acronyms.

Submit 



***All fields are required except for the phone number. Please INCLUDE your phone number.**

If you select Yes, the following fields will populate

Requester Information

Do you work for the Tennessee Department of Health?
* must provide value

Yes 

No

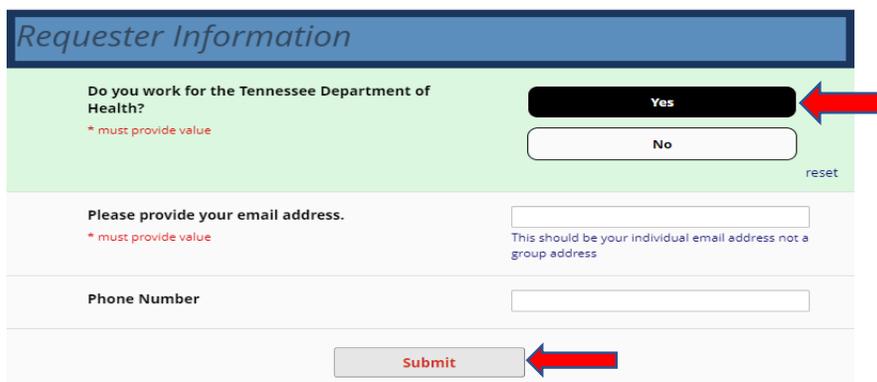
reset

Please provide your email address.
* must provide value

This should be your individual email address not a group address

Phone Number

Submit 



***All fields are required except for the phone number. Please INCLUDE your phone number.**