

## TPR Training Instructions

### How to Submit a Request for TPR Assistance or Training

1. Click the OIA Services Request link below.
2. Under the Category of Service selection, select 'OIA Training' from the drop-down menu.

The screenshot shows a web form titled "Category of Service" in a blue header. Below the header, on a light green background, is the text: "Please select one of the following categories of service you would like Informatics and Analytics (OIA)?". Below this, it says "Please select the one which best describes the category of service you want" followed by a red asterisk and "must provide value". A dropdown menu is open, showing three options: "OIA Training" (highlighted in blue), "Consultation or Support", and "Standards Development". To the right of the dropdown is a grey "Submit" button with red text.

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

This screenshot shows the expanded dropdown menu from the previous screen. The text above the menu reads: "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." followed by a red asterisk and "must provide value". The dropdown menu lists several options: "Data Steward guidance, materials & training for TDH Data Request (DG)", "Human subjects research training for members and researchers IRB (DG)", "TPR Registration assistance/training (I-MU)" (highlighted in blue), "IDS Data Onboarding (I)", "DOR/DOR data sharing program training (I)", "HL7 CDA training (I)", and "Data Camp (SQL, R/R Studio, Python...)". To the right of the menu are two buttons: "Yes" and "No". At the bottom right, there is a "reset" link.

4. In the next field under the Category of Service section, select 'Yes' and choose your desired completion date from the calendar (the date by which you wish to have the

training scheduled).

**What is the mandated completion/production date?**  
\* must provide value

**Description of Service**

**Brief Description** - Please provide a brief description of the service you would like from OIA.  
\* must provide value

Calendar: Jun 2022. Date selected: 20.

5. Under the Description of Service section, provide a brief description of the training type (for example: Registration Assistance, User Access, or TPR Overview). Confirm whether you already have access to TPR and include all names (first and last) and email addresses to be included in the training.

**Description of Service**

**Brief Description** - Please provide a brief description of the service you would like from OIA.  
\* must provide value

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).

6. For the next question under the Description of Service field, state your goals or intentions 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, select 'No' if you DO NOT work for the Tennessee Department of Health (TDH) and complete all required fields, then click Submit. Select 'Yes' if you work for TDH and complete all required fields before submitting. If you select 'No,' additional fields will populate. All fields are required

except for the phone number. Please include your phone number.

Requester Information	
<b>Do you work for the Tennessee Department of Health?</b> <small>* must provide value</small>	<div>Yes</div> <div>No</div> <div>reset</div>
<b>First Name</b> <small>* must provide value</small>	<input type="text"/>
<b>Last Name</b> <small>* must provide value</small>	<input type="text"/>
<b>Job Title:</b> <small>* must provide value</small>	<input type="text"/>
<b>Please provide your email address.</b> <small>* must provide value</small>	<input type="text"/> <small>This should be your individual email address not a group address</small>
<b>Phone Number</b>	<input type="text"/>
<b>Entity or Company Name</b> <small>* must provide value</small>	<input type="text"/> <small>Please spell out any acronyms.</small>
<b>Department or Unit Name (within your company)</b> <small>* must provide value</small>	<input type="text"/> <small>Please spell out any acronyms.</small>
<div>Submit</div>	

If you select 'Yes,' similar fields will populate. All fields are required except for the phone number. Please include your phone number.

## 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

### Accessibility Information

This document has been formatted in compliance with WCAG 2.1 AA and Section 508 standards. All hyperlinks are descriptive, lists and headings are properly tagged, and reading order is logical. For questions or accessibility assistance, contact TDH Accessibility Services.