

## 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 web form titled "Category of Service". Below the title, it says "Please select one of the following categories of service you would like Informatics and Analytics (OIA)?". A red asterisk note says "\* must provide value". A dropdown menu is open, showing "OIA Training" as the selected option. Other options visible are "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". It 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)", "IDS Data Onboarding (I)", "DOR/DOR data sharing program training (I)", "HL7 CDA training (I)", and "Data Camp (SQL, R/R Studio, Python...)". The "TPR Registration assistance/training (I-MU)" option is highlighted with a blue bar. A red arrow points to this option. To the right of the dropdown are "Yes" and "No" buttons, with a "reset" link below them.

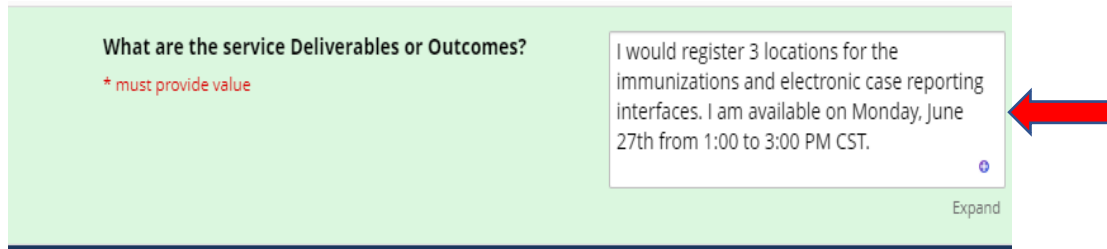
4. In the next field, under the *Category of Service* section, you will select **Yes** and select **your desired completion date** (the date you wish to have the training scheduled by) from the calendar.

The screenshot shows a form field titled "What is the mandated completion/production date?". A red asterisk note says "\* must provide value". Below the title is a "Description of Service" section. To the right of the form is a calendar for June 2022. A red arrow points to the calendar. The calendar shows the date 20th of June selected.

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 of the form. It has a title "Description of Service" and a "Brief Description" field. The "Brief Description" field contains the 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 this text box. A red asterisk note says "\* must provide value".

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



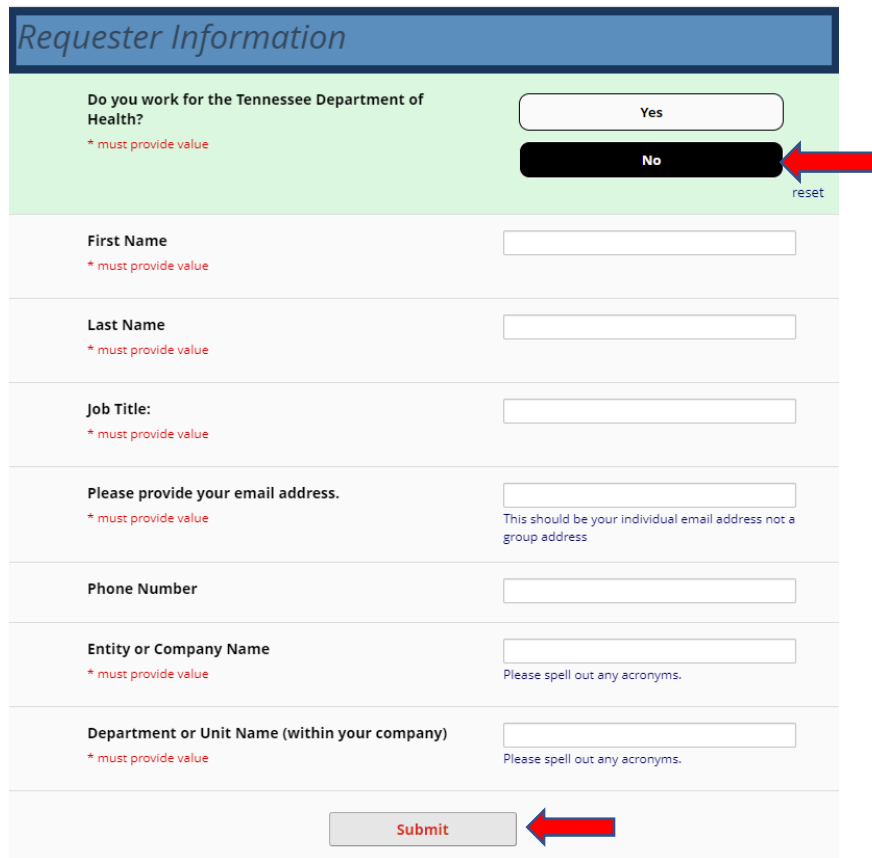
What are the service Deliverables or Outcomes?  
\* must provide value

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.

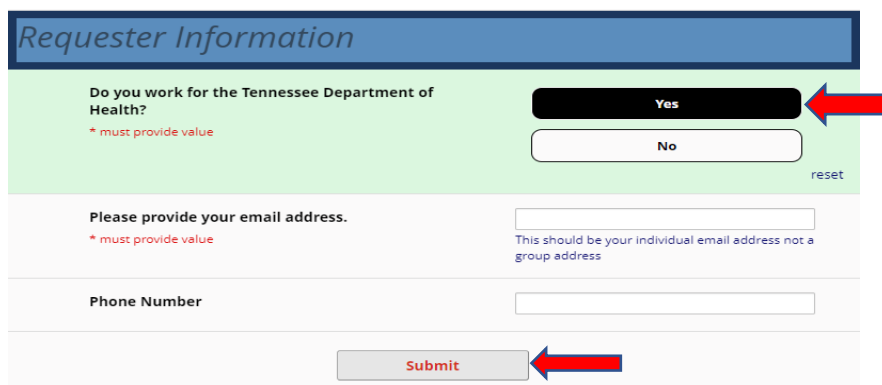
Department or Unit Name (within your company)  
\* must provide value

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.**