

CMHCM CIGMMO Password Reset Request

User name: _____

Email address: _____

Provider: _____

Supervisor: _____

The signatures below attest that the above user is requesting a password change, they will not disclose the password to allow another person to log in with their user identification and password, and will not log on using someone else's user identification and password. I understand that doing so is fraud and not allowed in any circumstance.

User Signature

Date

Supervisor Signature

Date

Please send completed form to:
CMHCM Provider Network Team providernetwork@cmhcm.org