

SFTP Account Request Form (for EMSTARS Data Upload)

DOH Sponsor

Division of Emergency Medical Operations (DEMO)
Bureau of Emergency Medical Services (EMS)
Program: EMS Data Unit

DOH Contact Name: Data Unit, System Administrator
Phone: (850) 245-4440
Fax: (850) 488-2512

[Please fill out the form and email to emstars@doh.state.fl.us or fax to Data Unit, System Administrator at the number above]

Requesting Company/Facility

Name: _____ (Outside Entity Needing Access)

Address: _____

Administrative Contact

Name: _____ (Outside Entity Needing Access)

Title: _____

Phone: _____

Email: _____

Technical Contact

Name: _____ (Outside Entity Needing Access)

Title: _____

Phone: _____

Email: _____

Request

One sFTP user account for use by the Requestor to transmit and or receive data files securely to or from the Florida Department of Health. We are requesting that this user be given access to a secure location on ww7.doh.state.fl.us within which an Inbox and Outbox directory will be placed for receipt and delivery of data. Data in this location will be held until pickup and no longer. This location will not be used for data archival purposes.

Transport Artifacts

The data files being transported will contain public health information that is to be secured at all times via encrypted transport, restricted access storage and or encryption.

Note for EMSTARS Users: Please ensure that files are uploaded to the "outbox" folder, not the root. Files should be named with the following syntax: [ID][4 digit YEAR#][MONTH#][DAY#] For example, *140120070701.xml*

Signed,

Requestor	Date	DOH Security	Date
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Requestor	Date	Data Integration	Date
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[Additional instructions for using the sFTP site with EMSTARS may be found online at http://www.floridaemstars.com/project_info.htm]