



CRCT LOGIN REQUEST FORM

Fax the completed form to LCMHA at 517.263.7616
or email to sdunbar@lcmha.org.

If a staff person has left your organization and should have their CRCT account disabled, please list their name(s) at the bottom of this form.

Provider Type: Agency LIP

Agency Name:	Click or tap here to enter text.
Location (if access to a specific location is required):	Click or tap here to enter text.
Person Submitting Request:	Click or tap here to enter text.
Email address of Person Submitting Request:	Click or tap here to enter text.

New CRCT Account Information

Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.
NIP Number:	Click or tap here to enter text.
Phone:	Click or tap here to enter text.
Fax:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

Is there another staff person with an existing CRCT account who is doing the same job?
Yes No

Existing staff: Click or tap here to enter text.
If not, please check one or more boxes below

Incident Report entry	<input type="checkbox"/>	Billing/Claims	<input type="checkbox"/>	Mental Health Clinician	<input type="checkbox"/>	Reports	<input type="checkbox"/>
Incident report review/sign-off	<input type="checkbox"/>	Hospital Continued Stay review	<input type="checkbox"/>	Substance Use Disorder Clinician	<input type="checkbox"/>		

Name(s) of staff who no longer work for your organization:

1. Click or tap here to enter text.

2. Click or tap here to enter text.