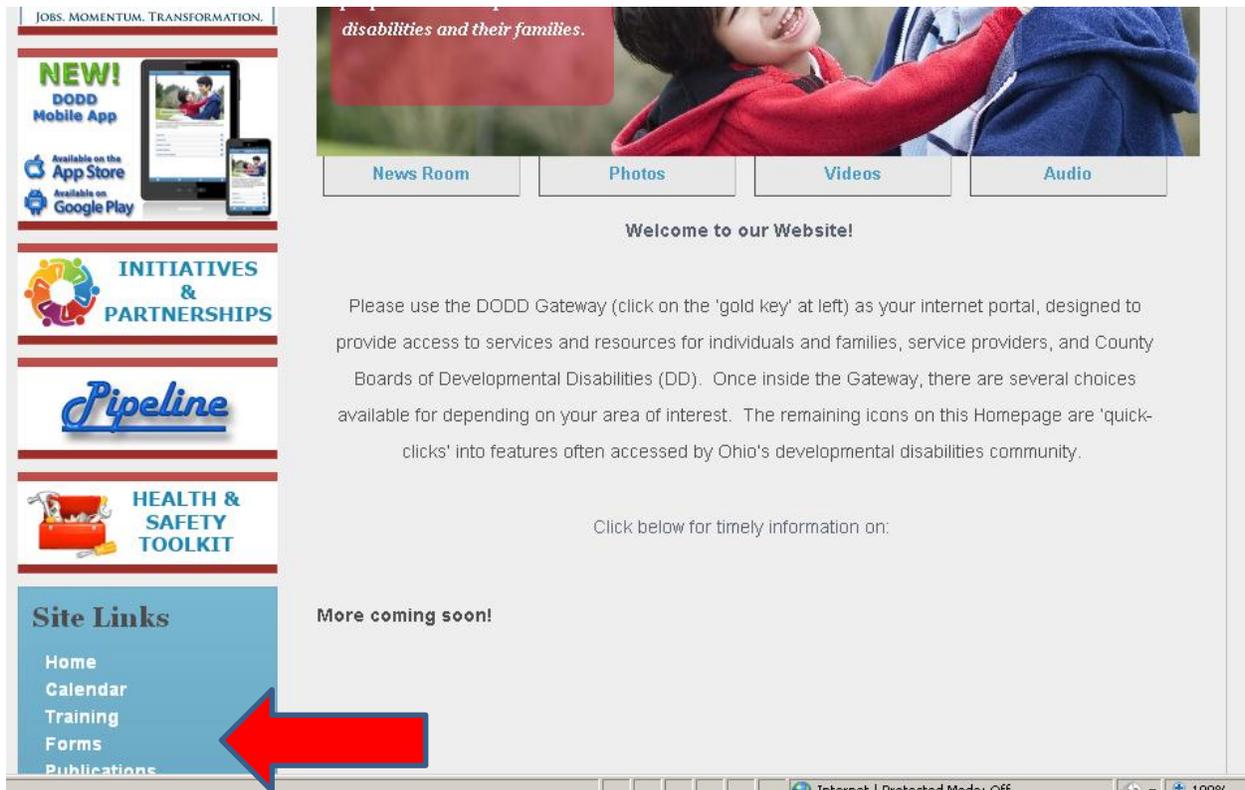


MAIS – STEPS FOR SECRETARIAL SECURITY AFFIDAVIT

START BY GOING TO THE DODD HOME PAGE

From Site Links choose Forms



The screenshot shows the DODD website homepage. On the left side, there is a vertical menu with several sections: 'NEW! DODD Mobile App' (with App Store and Google Play logos), 'INITIATIVES & PARTNERSHIPS' (with a colorful circular logo), 'Pipeline' (with a blue script logo), and 'HEALTH & SAFETY TOOLKIT' (with a red toolbox icon). Below these is a 'Site Links' section with a blue background and white text, listing 'Home', 'Calendar', 'Training', 'Forms', and 'Publications'. A large red arrow points to the 'Forms' link. To the right of the Site Links menu, the text 'More coming soon!' is visible. The main content area features a header with the text 'disabilities and their families.' and a photo of a child. Below the header are four buttons: 'News Room', 'Photos', 'Videos', and 'Audio'. The main text area contains a 'Welcome to our Website!' message and a paragraph explaining the DODD Gateway. At the bottom, there is a browser status bar showing 'Internet | Protected Mode: Off' and a zoom level of '100%'.

That will take you to the forms page :

Choose On-line Security Access.

That will start the form wizard – the form wizard will ask for specific information and then create a form that must be printed and signed by the applicant and an agency authority; then returned by fax or e-mail to DODD Security.....

MAIS – STEPS FOR SECRETARIAL SECURITY AFFIDAVIT



io Department of Developmental Disabilities

[Individuals & Families](#) [Providers](#) [County Board](#)

Forms

FORMS
Fill-in Forms Instructions
GENERAL
[On-Line Security Request \(Security Affidavit\) \(fill-in\)](#) 
[Vacancy Registry Data Collection Form \(PDF\)](#)
HEALTH AND SAFETY

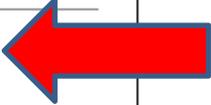
- Continuing Education (Nursing) Application
- Instructions for Submitting Programs for Nursing Continuing Education Credit

Account Type to choose is MEDICATION ADMINISTRATION NURSE OR SECRETARY



Ohio.gov | DODD Data Security/Confidentiality Individual Application

Please fill in all fields if possible: Incomplete or missing information may delay processing

[What's This](#) **Account Type :** Medication Administration Nurse or Secretary 
[What's This](#) **Request Type :** New Account

First Name: MI: Last Name:

Phone Number: ex. (###)###-####

Email Address:

I certify that the listed email is my personal email address and not a group or shared email.

Complete all sections including check box – then click Next to move to the address page.
Enter address and agency name and Director then again hit Next to go to the System Selection page

MAIS – STEPS FOR SECRETARIAL SECURITY AFFIDAVIT

or the Wizard to work properly, make sure JavaScript is ENABLED for your browser. **

Ohio.gov | DODD Data Security/Confidentiality Individual Application

Please fill in all blank fields: Incomplete or missing information may delay processing

Address: 1 Cool Highrise
City: BigCity
State: OHIO Zip Code: 43215 ex.####

Agency Name: ACN
Director's Name: Jane Fonda

Note: Access to DODD systems will expire on their own annually

Previous Next

The System to choose is MA SECRETARY /PRODUCTION ENVIRONMENT– THEN CLICK ADD TO FILL OUT THE REST OF THAT PAGE

Ohio.gov | DODD Data Security/Confidentiality Individual Application

Please fill in all blank fields: Incomplete or missing information may delay processing

Select System : MA - Secretary
Select Environment : Production

Production : I will be using the system normally
 Testing : I will be using the system for testing purposes.
 Training : I will be using the system for training purposes.

Enter Role : (Leave Blank If Unknown)

Select Access Type : Add Reports Remove Access

Add Request

MAIS – STEPS FOR SECRETARIAL SECURITY AFFIDAVIT

AFTER CLICKING THE ADD BUTTON THE SYSTEM WILL POPULATE THE FORM – THEN CLICK NEXT

Ohio.gov | DODD Data Security/Confidentiality Individual Application

Please fill in all blank fields: Incomplete or missing information may delay processing

What's This Select System :

What's This Select Environment :

Production : I will be using the system normally

Testing : I will be using the system for testing purposes.

Training : I will be using the system for training purposes.

What's This Enter Role : (Leave Blank If Unknown)

What's This Select Access Type : Add Reports Remove Access

Delete System Add Request

	System	Environment	Role	Add	Report	Remove	Count
Select	MA - Secretary	Production		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0

Note: Access to DODD systems will expire on their own annually

Previous Next

- **CONFIRM THE DATA ENTERED IS CORRECT – CHOOSE PREVIOUS TO RETURN AND CHANGE ANY INCORRECT INFORMATION.**
- **CHOOSE NEXT TO GET TO SECURITY TESTAMENT – CHECK THAT YOU AGREE TO THE TERMS; YOU ARE LEGALLY RESPONSIBLE TO ADHERE TO THESE TERMS INCLUDING NOT SHARING USER NAME AND PASSWORD WITH ANYONE – EVER.**
- **THEN CHOOSE “FINISH”**

MAIS – STEPS FOR SECRETARIAL SECURITY AFFIDAVIT

the Wizard to work properly, make sure JavaScript is ENABLED for your browser. **

Ohio.gov | DODD Data Security/Confidentiality Individual Application

Please review the information below to make sure all fields that you have entered are correct.

Information

Account Type: Medication Administration Nurse or Secretary
Request Type: New Account

First Name: Will
Middle Initial:
Last Name: McAvoy
Phone Number: 740-123-4567
E-mail Address: w.mcavoy@acn.com
 confirmed personal email address.
Address: 1 Cool Highrise
City: BigCity
State: OH
Zip Code: 43215

Note: Access to DODD systems will expire on their own annually

Previous Next

6. You must not access or request others to access any DODD or Ohio Data Network system for personal business.

7. You must not violate rules and regulations concerning access to controlled areas.

8. You must not divulge or share any security codes (i.e., user-names, passwords, etc.) used to access any secured files.

9. You must immediately report any violation of this policy by anyone to the DODD/IT Security Manager.

10. You must not aid, abet, or act in conspiracy with another to violate any part of this policy.

11. You must agree to follow all applicable DODD policies and procedures pertaining to the use of DODD or Ohio Data Network computer software and hardware.

Any Violations Of This Agreement May Result In the Cancellation of your Security Access and Possible Referral to the Office of the Attorney General for its Disposition Pursuant To All Applicable Laws and Rules Any Violations of this Policy may result in Disciplinary Action Pursuant to all of the applicable Laws and Rules.

I have read and understand the DODD policy on data security and confidentiality.

Thank you for completing the wizard. Please click finish and print your application.

Note: Access to DODD systems will expire on their own annually

Previous Finish



MAIS – STEPS FOR SECRETARIAL SECURITY AFFIDAVIT

CHOOSE PRINT TO VIEW AND PRINT THE COMPLETE FORM – IT WILL THEN NEED TO HAVE HAND WRITTEN CHANGES MADE BEFORE IT IS SIGNED BY THE SECRETARIAL REQUESTER AND AN AGENCY AUTHORITY

YOU HAVE FINISHED THE SECURITY WIZARD. THANK YOU!

Applications must be filled out completely and accurately. Incomplete/inaccurate affidavits will not be processed.

Once Completed, Please PRINT the Form and have it SIGNED:

You can Fax to:

Attn: Security Coordinator
Fax# (614) 752 - 4673

You can Mail to:

Attn: Security Coordinator
Division of Information Systems
30 E Broad St. 12th Floor
Columbus, OH 43215

Print Form (Be patient. It may take some time. Please allow it a few seconds.)

What do you want to do?

Complete Another Wizard Exit the Wizard

MARK OUT – SYSTEM (MA Secretary) and Hand Write in
“MAIS – SECRETARY”

See Sample Form Below

MAIS – STEPS FOR SECRETARIAL SECURITY AFFIDAVIT

Account Type Request Type

Last Name First Name

Phone Number E-Mail Address

I certify that the listed e-mail address is my personal e-mail address, not a group or shared e-mail account.

Address City State Zip Code

Agency Name Director's Name

	Systems	Environment	Role	Add	Reports	Remove
1	MA - Secretary <i>MAIS Secretary</i>	Production		Add		

Any Violations Of This Agreement Result in the Cancellation of your Security Access and Possible Referral to the Office of the Attorney General for its Disposition Pursuant To All Applicable Laws and Rules Any Violations of this Policy may result in Disciplinary Action Pursuant to all of the applicable Laws and Rules.

I have read and understand the DODD policy on data security and confidentiality.

Will McAvoy
User(Printed)

Willian McAvoy
User(Signature) Date

Jane Fonda
Deputy Director/Superintendent/Desinee/MA Nurse (print name)

Jane Fonda
Deputy Director/Superintendent/Desinee/MA Nurse (Signature) Date

FOR DIS USE ONLY

UserID _____ Begin Date _____ End Date _____

Completed _____

REV 12/09

SECRETARIAL REQUESTER SIGNS; WRITE IN DIRECTOR NAME AND HAVE SIGNED –THEN E-MAIL OR FAX TO DODD PER INSTRUCTIONS ONT THE FORM.

MAIS – STEPS FOR SECRETARIAL SECURITY AFFIDAVIT

- After the form has been received and processed by security the Secretary's name will appear in the MAIS Secretarial Mapping section.
- At least one RN Trainer must go into the MAIS System and affiliate the secretary with an RN Trainer. The secretary will then have access to all MAIS Secretarial functions. MAIS access will remain available only as long as the secretary has current security authorization (or until the RN un-maps the affiliation).
- An RN Trainer may unaffiliate a secretary that has been affiliated with the RN Trainer. As long as a secretary is affiliated with an RN Trainer the Secretarial access will continue.
- If only one RN is affiliated and that RN breaks the mapping with the secretary, another RN will have to affiliate the secretary for access to be available.
- Secretarial security will need to be updated annually as per the DODD Security access process.