

The Valley Health System

3RD PARTY NON-PROVIDER CERNER ACCESS ACCOUNT REINSTATEMENT/REVISION REQUEST

Please select what is needed

- Account Reinstatement Password reset 2FA cell phone number change

REQUESTOR: Complete and Fax to VHS Information Services (702) 853-8953. Please PRINT all information.

Requestor Last Name	First Name	Initial	Requestor Cell Phone # <small>(Cell Phone number required to receive 2-Factor Authorization text code to access Cerner.)</small>
Name of Group/Company/Physician Practice		Requestor Email Address:	
Office Supervisor Name:	Office Supervisor Telephone #:	For Reinstatements: Reason account was not logged into for more than 30 days:	
Office Supervisor Email Address:			
** To Be Completed by Case Management RN ** State License #:			
Requestor Signature:		Date:	

Please make sure you are logging into your Cerner account every 30 days to avoid your account being disabled and new forms to be submitted to rebuild your account.

For any questions or concerns, please contact the Helpline at 702-369-7788.