



PA WITS Additional Facility Set Up Request Form

Business Workflow Use Only

This form is to request the creation of additional Facilities operating under the management of, or providing contracted services for, a larger Treatment agency utilizing the PA Web Infrastructure for Treatment Services Data System (PA WITS). Due to variances between each facilities' licensed program activities, a separate form is necessary.

By completing this form, your facility will assume and abide by the rules/regulations and legal responsibilities set forth in the parent agency's established "[Business Associate and Qualified Service Organization Agreement](#)" (BAQSOA).

Once a new Facility has been added, existing Agency Staff Administrators will be able to designate Staff Administrators for the new Facilities, create accounts and add permissions for users as deemed necessary.

Email completed forms to the PA WITS help desk at: RA-DAPAWITS@pa.gov.

PART I –PARENT AGENCY INFORMATION:				
PARENT AGENCY NAME:			PARENT AGENCY LICENSE # (Treatment Facilities Only)	
PART II –NEW FACILITY INFORMATION:				
NEW FACILITY TYPE: (check all that apply):				
	Treatment		Other	If other, please specify below (i.e. DOC, SOR, VA org, Housing, etc.)
NEW FACILITY NAME:			NEW FACILITY LICENSE # (Treatment Facilities Only)	
NEW FACILITY MAILING ADDRESS:			PHYSICAL LOCATION (if different from mailing):	
FACILITY CONTACT PHONE NUMBER:			COUNTY:	
Please list any SCA's your facility contracts with to provide services:				
PART III – SIGNATURE AUTHORIZATION:				
AUTHORIZED FACILITY REPRESENTATIVE NAME (printed):				
AUTHORIZED FACILITY REPRESENTATIVE SIGNATURE:			DATE:	
Please complete a " PA WITS - Licensed Program Addition Request - DDAP-EFM-7102 " to designate the activities and services (including SOR) your new facility is authorized/licensed to provide to be added to your Facility profile for data reporting compliance.				