



## PA WITS - Treatment Agency Set Up Request Form

Business Workflow Use Only

This form must be completed by new agencies needing access to the PA Web Infrastructure for Treatment Services Data System (PA WITS). Agencies that directly provide treatment services or that will be entering personal identifying information of clients, must complete and sign a [“Business Associate and Qualified Service Organization Agreement”](#) (BAQSOA).

This form establishes an Agency’s Main profile and one Facility that provides services directly to clients that require TEDS data reporting. To have additional Facilities added to your Agency, please complete a [“PA WITS Additional Treatment Facility Set Up Request - DDAP-EFM-7101”](#). Email forms to the PA WITS help desk at: [RA-DAPAWITS@pa.gov](mailto:RA-DAPAWITS@pa.gov).

<b>PART I – AGENCY INFORMATION</b>			
<b>AGENCY TYPE: (check all that apply):</b>			
<input type="checkbox"/>	Treatment	<input type="checkbox"/>	Other If other, please specify below (i.e. DOC, SOR, VA org, Housing, etc.)
<b>AGENCY NAME:</b>		<b>LICENSE # (Treatment Facilities Only)</b>	
<b>AGENCY MAILING ADDRESS:</b>		<b>AGENCY PHYSICAL LOCATION: (if different from mailing):</b>	
		<b>COUNTY:</b>	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Are you part of a project or larger corporation?
If yes, please provide the project/corporation’s name below:			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Are you a faith-based organization?
Please list any SCA’s your facility contracts with to provide services below:			
<b>PART II –PA WITS STAFF ADMINISTRATOR INFORMATION – This role is responsible for creating and managing user accounts, granting/revoking permissions and addressing basic issues such as Password Resets. DDAP recommends each agency designate <u>at least</u> two Staff Administrators. See <a href="#">“PA WITS Staff Administrator Guide”</a> for more details.</b>			
<b>STAFF ADMINISTRATOR NAME:</b>			
<b>EMAIL:</b>		<b>PHONE NO.:</b>	
<b>STAFF ADMINISTRATOR NAME:</b>			
<b>EMAIL:</b>		<b>PHONE NO.:</b>	
<b>PART III – SIGNATURE AUTHORIZATION:</b>			
<b>AUTHORIZED AGENCY REPRESENTATIVE NAME (printed):</b>			
<b>AUTHORIZED AGENCY REPRESENTATIVE SIGNATURE:</b>		<b>DATE:</b>	
Please complete the <a href="#">“A WITS Authorized Program Addition Request - DDAP-EFM-7102”</a> to have your facilities’ authorized program activities and services added to your Facility profile.			