# Virtual Lifetime Electronic Record (VLER) Data Access Services (DAS) Implementation Form

The following form is required to be completed for all external vendors/clients that wish to establish internetworking connectivity to VLER DAS via the Department of Veterans Affairs Gateway. As per the Department of Veterans Affairs 6500 series on security policies and guidelines, connectivity will not be authorized until this completed form with the attached materials, noted below, is received and validated.

A separate form will be required if the VA Office of information Technology (OI&T) System Design and Engineering (SDE) team needs to support the connection request with the VA Enterprise Security Configuration Control Board (ESCCB).

Return completed form to *VA IT BHIE Technical* distribution list.

* Denotes required fields.

- Date of Request: * _____
- Requestor: * _____
- VA Program Sponsor Point of Contact
  - Name: * _____
  - Email Address: * _____
  - Primary Phone: * _____
  - Secondary Phone: _____
- VA Project Name: * _____
- Justification * (Provide a brief description of the project/system and functionality)

  _____

- Local Host Machine Domain Name: * _____
- Local Host IP Address: * _____
- Consumer/Producer Points of Contact
  - Primary Point of Contact
    - Name: * _____
    - Company/Agency Name: * _____
    - Email Address (VA): _____
    - Email Address (Company): * _____
    - Primary Phone: * _____
    - Secondary Phone: _____
  - Technical Point of Contact (May be same as Primary POC)
    - Name: * _____
    - Company/Agency Name: * _____
    - Email Address (VA): _____
    - Email Address (Company): * _____
    - Primary Phone: * _____
    - Secondary Phone: _____

- Additional Technical Point of Contact
  - Name: _____
  - Role: _____
  - Company/Agency Name: _____
  - Email Address (VA): _____
  - Email Address (Company): _____
  - Primary Phone: _____
  - Secondary Phone: _____
- Additional Technical Point of Contact
  - Name: _____
  - Role: _____
  - Company/Agency Name: _____
  - Email Address (VA): _____
  - Email Address (Company): _____
  - Primary Phone: _____
  - Secondary Phone: _____
- Additional Technical Point of Contact
  - Name: _____
  - Role: _____
  - Company/Agency Name: _____
  - Email Address (VA): _____
  - Email Address (Company): _____
  - Primary Phone: _____
  - Secondary Phone: _____

Comments/Notes:

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