

## MEC2 (Child Care) Access Request Form

Staff Name: \_\_\_\_\_  
(Last, First, MI)

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Unique Training key# \_\_\_\_\_  
(login used to access MEC2 training)

- ☐ This staff is current with the HIPPA compliance training.
- ☐ This staff has completed MEC2 training on TrainLink.
- ☐ DHS "Handling Information" course completion form is attached.

**Managers/Supervisors:** Please refer to the Maxis Inquiry and MEC2 training registration procedures as well as the Ramsey County Vendor Agency Maxis Inquiry and MEC2 access to HIPA requirements policy memo in the policies section of the provider web page.

\_\_\_\_\_  
Manager/Supervisor Signature  
(Form must be signed)

\_\_\_\_\_  
Date

- The CHS FAS Help Desk will be your contact for any issues you have with your MEC2 access.
- Email this form to: [CHSFASHelpDesk@CO.Ramsey.MN.US](mailto:CHSFASHelpDesk@CO.Ramsey.MN.US)