

Secure FTP User Access Request

DOH Sponsor:

Division of Disease Control
Bureau of Immunization
Program Florida SHOTS

DOH Contact Name: Pete Garner
Phone: 850-245-4444 x2410

Requesting Company/Facility

Name: _____ (Outside Entity Needing Access)

Address: _____

Administrative Contact

Name: _____ (Outside Entity Needing Access)

Title: _____

Phone: _____

Email: _____

Technical Contact

Name: _____ (Outside Entity Needing Access)

Title: _____

Phone: _____

Email: _____

Request

One sFTP user account for use by the Requestor to transmit and or receive data files securely to or from the Florida Department of Health. We are requesting that this user be given access to a secure location on **ww7.doh.state.fl.us** within which an Inbox and Outbox directory will be placed for receipt and delivery of data. Data in this location will be held until pickup and no longer. This location will not be used for data archival purposes.

Transport Artifacts

The data files being transported will contain public health information that is to be secured at all times via encrypted transport, restricted access storage and or encryption.

Requirements

Prior to account creation DOH requires the IP address and fully qualified Domain Name of location connecting to the DOH sFTP server.

IP Address: _____ (Public IP)

Host Name: _____ (Fully Qualified Host Name)

To determine the IP and Host name from which you will connect, login to the server and visit www.ipchicken.com

Signed,

Requestor

Date

DOH Security

Date

Requestor

Date

Data Integration

Date