

Minerva 2.0 Data Entry System

Access and Staff Member Request Form

Submit a completed form to your Prevention Manager and PrevMIS@hca.wa.gov.

Please specify permissions: (Select one)

Option 1 – This person requires **access to view and/or perform data entry** in Minerva 2.0.

Option 2 – Data, including direct and support staff hours will be entered on their behalf. This person **will not have access** to view and/or perform data entry in Minerva 2.0.

Option 3 – This person requires access to view and/or perform data entry **and** will have direct and support staff hours entered in Minerva 2.0.

Which **Minerva 2.0 account(s)** does this apply to: (List all that apply) *If you are unsure, please ask your Prevention Manager.*

Which **HCA DBHR Prevention Manager** do you work with?

First name

Last name

Employer

Position title / role

Employer Address

City

State

ZIP

County

Email

Phone

Birth month

Birth year

Date hired

Date of background check

Gender (Select all that apply)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Gender neutral |
| <input type="checkbox"/> Female | <input type="checkbox"/> Two spirit |
| <input type="checkbox"/> Gender fluid | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Refuse to state |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Something else fits better |

Race (Select all that apply)

- American Indian/Alaskan Native: non-specified
- American Indian/Alaskan Native: (specify)
- Asian: non-specified
- Asian: Asian Indian
- Asian: Chinese
- Asian: Filipino
- Asian: Japanese
- Asian: Korean
- Asian: Vietnamese
- Asian: (specify)
- Black/African American: non-specified
- Black: Ethiopian
- Black: Somalian
- Black: Kenyan
- Black: Nigerian
- Black: Other Sub-Saharan African
- Black: West Indian
- Black: (specify)
- Native Hawaiian/Other Pacific Islander: non- specified
- Native Hawaiian/Other Pacific Islander: Native Hawaiian
- Hawaiian/Other Pacific Islander: Guamanian or Chamorro
- Native Hawaiian/Other Pacific Islander: Samoan
- Native Hawaiian/Other Pacific Islander: (specify)
- Two or more races: non- specified
- Two or more races: (specify)
- White: non- specified
- White: (specify)
- Some other race: non- specified
- Some other race: (specify)

Ethnicity (Select all that apply)

- Hispanic, Latino(a), or Spanish Origin: non-specified
- Not Hispanic, Latino(a), or Spanish Origin
- Mexican, Mexican American, or Chicano
- Puerto Rican
- Cuban
- Other Hispanic, Latino(a) or Spanish Origin
- Ethnicity Unknown
- Other Ethnicity: (specify)

Sexual Orientation

Highest level of education

Military Service

Prevention Professional Certificate (CPP)

Number

Expiration date

Substance Abuse Prevention Skills Training (SAPST)

Completion date

Is this person replacing someone who should be made inactive? Yes No

If yes, list all the person(s) to be made inactive:

Date to be made inactive

Which **Minerva 2.0 account(s)** will this inactivation apply to: (List all that apply)

*All questions outlined in red are required for submission.
For questions with multiple choices outlined in red, select only those that apply.*

Thank you! Questions? Please email your Prevention Manager.