

# HMIS New User Orientation Completion Form

This is to certify that I have completed viewing the HMIS New User Orientation video. I understand that viewing of this training video in its entirety is required to obtain access to the HMIS system, and my access is being granted upon my certification of that completion.

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HMIS User

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Agency Manager/ Director

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Agency Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)