



Washington State Cancer Registry Web Plus Account Registration Form

Phone: (360) 236-3618

Fax: (360) 586-2714

Website: <http://www.doh.wa.gov/wscr>

Please provide primary and secondary account information (if applicable) to register for an account in Web Plus. The Washington State Cancer Registry will notify new users with account information by email.

Washington State Cancer Registry has added Web Plus as a service available within Secure Access Washington (SAW). In order to access Web Plus, you must have a SAW account. Please go to <https://secureaccess.wa.gov> and register for your SAW account and then complete this form and return it to us. A service code to access the Web Plus application will be sent along with your Web Plus account information once these steps are completed.

Please scan and return this form via email to WSCR@doh.wa.gov, or fax to: 360-586-2714 ATTN: Washington State Cancer Registry.

Primary Account Holder Information

| | | |
|-------------------------------|--------------------|-----------------|
| Name: | | Title/Position: |
| Name of Facility and Address: | Registry ID (FIN): | |
| Email: | Phone: | |

SAW Username (Optional - Web Plus)
Username will be made the same if you provide this):

By signing this form, I agree to not share my Web Plus ID or password with anyone. I agree to keep my username and password secure. I will not access Web Plus from any public computers and will log out immediately when I am done with my session.

Signature _____ Date: _____

Secondary Account Holder Information (Optional)

| | | |
|-------------------------------|--------------------|-----------------|
| Name: | | Title/Position: |
| Name of Facility and Address: | Registry ID (FIN): | |
| Email: | Phone: | |

SAW Username (Optional):

By signing this form, I agree to not share my Web Plus ID or password with anyone. I agree to keep my username and password secure. I will not access Web Plus from any public computers and will log out immediately when I am done with my session.

Signature _____ Date: _____