

## COUNSELOR'S CORNER USER REGISTRATION

### COUNSELOR'S CORNER USER REGISTRATION FORM

- Please have your agency's counseling supervisor complete this form and submit via email to [Counselinginfo@Phfa.org](mailto:Counselinginfo@Phfa.org)

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

Agency Number \_\_\_\_\_

Administrator Name \_\_\_\_\_

Administrator Email Address \_\_\_\_\_

Administrator Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_

***Please indicate the action requested.***

Please check one:

Add new user \*    Change current user information    Remove user\*\*

User First and Last Name \_\_\_\_\_

User Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_

User Email Address \_\_\_\_\_

User Title of Position \_\_\_\_\_

User Date of Hire \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

***\*If user previously had a Counselor's Corner log in, please provide the following information.***

Previous Agency Name \_\_\_\_\_

Previous Agency Number \_\_\_\_\_

Previous User ID \_\_\_\_\_

**\*\* If it is known that the user is going to another counseling agency, please provide that counseling agency name**

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