

**The Association of Administrators of the Interstate Compact on Adoption and Medical Assistance**®

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| **The ICAMA System: Add/Disable Users** |
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| **FROM:**  | Click here to enter name of person completing this form. |
|  |
| **TO:** | **AAICAMA National Office** c/o Scott Boyle: SBoyle@aaicama.org |
|  |
| **SUBJECT:** | **To Add or Disable User in the ICAMA System**  |
|  |
| **DATE:** | Click here to enter today’s date. |

The purpose of this form: To Add or Disable Users in the ICAMA System using their state-issued email address. Note: The state-issued email address *is* the User ID.

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| **State:** | Choose a state. | Please note that Adds/Disables can be made only bythe ICAMA Compact Administrator. |
| **Name of ICAMA Compact Administrator:** | Click here to enter the name of your state’s CA. |
| **Number of IDs (Users) added:** | Choose the number of Users to be added. |
| **Number of IDs (Users) disabled:** | Choose the number of Users to disable. |
|  |
| Enter *State Email Address*, *First and Last Name*, and choose an access level for each User. |
| **User State Email Address and Full Name** | **Disable** | **Add** | **All Access** | **High Level Editor** |
| Click here to enter email and name. | [ ]  | [ ]  | [ ]  | [ ]  |
| Click here to enter email and name. | [ ]  | [ ]  | [ ]  | [ ]  |
| Click here to enter email and name. | [ ]  | [ ]  | [ ]  | [ ]  |
| Click here to enter email and name. | [ ]  | [ ]  | [ ]  | [ ]  |
| Click here to enter email and name. | [ ]  | [ ]  | [ ]  | [ ]  |
| Click here to enter email and name. | [ ]  | [ ]  | [ ]  | [ ]  |
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| **Signature of ICAMA Compact Administrator:** **X** *(Compact Administrator signature required. Type authorizing name-as-signature here.)* | Date: **March 11, 2022** |
| **Name** |       | **Telephone** |       (ext.     ) |