

ALABAMA MEDICAID AGENCY (AMA) ACCESS REQUEST FORM
INFORMATION SYSTEMS AND TECHNOLOGY (IST)
GOVERNANCE SHAREPOINT SITE
AMMP – PROVIDER MANAGEMENT SERVICES
REQUEST FOR PROPOSAL (RFP)

(Vendor name) _____ intends to participate in the AMMP – Provider Management Services RFP, and hereby requests access to the AMA IST Governance SharePoint site, for purposes of reviewing the posted governance policies, standards, guidance, procedures, and templates. The submitter named below will be the single vendor contact for this request. The submitter acknowledges that the Agency may change documents posted on this site without notice.

DATE: _____

VENDOR NAME: _____

COMPANY WEBSITE: _____

COMPANY MAILING ADDRESS: _____

SUBMITTER NAME: _____

PHONE: _____ FAX: _____

EMAIL: _____

ACCESS REQUESTED FOR (AMA will grant access for up to three individuals, only):

1. NAME: _____

EMAIL (COMPANY ONLY): _____

PHONE: _____

2. NAME: _____

EMAIL (COMPANY ONLY): _____

PHONE: _____

3. NAME: _____

EMAIL (COMPANY ONLY): _____

PHONE: _____