

User Profile Information: FACILITY USER (PAE)

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| --- | --- | --- |
|  | **PAE Contact 1** | **PAE Contact 2** |
| \*Email Address: | Click or tap here to enter text. | Click or tap here to enter text. |
| \*First Name: |  |  |
| \*Last Name: |  |  |
| Salutation: |  |  |
| Credentials: |  |  |
| \*Job Title: |  |  |
| \*Facility Name: |  |  |
| \*Physical Address: |  |  |
| \*City: |  |  |
| \*State: |  |  |
| \*Zip Code: |  |  |
| Phone: |  |  |
| Extension: |  |  |
| Cell Phone: |  |  |
| \*CEO/Other “C” Suite Administrator Signature:(print name and sign) |  |  |

**\*Please return the form to** PAETexas@dshs.texas.gov **for processing.**

\* = Required Fields