

## Michigan Cancer Surveillance Program (MCSP)

### Web Plus User Account Request Form

Complete the **MCSP Web Plus User Account Request Form** provided below to establish access to the Michigan Cancer Surveillance Program (MCSP) Web Plus application.

Do NOT leave any item on the form blank. If not applicable, indicate as N/A. For example, MCSP Facility Number and/or Facility Identification Number may not be applicable based upon type of user account.

1. Identify one Local Administrator. Note: The Local Administrator manages ALL users who are allowed access to Web Plus.

MCSP Web Plus User Account Request Form
<b>Facility Name:</b>
<b>Local Administrator Name:</b>
<b>Credentials:</b>
<b>Title:</b>
<b>Mailing Address:</b>
<b>Phone:</b>
<b>Email:</b>
<b>Fax:</b>
<b>MCSP Facility Number:</b> Note: 5-digit number assigned by MCSP for submission of cancer case reports/abstracts.
<b>Facility Identification Number:</b> Note: 10-digit facility number assigned by the Commission on Cancer (CoC) to identify a reporting facility (electronic submission of reports/abstracts) in the central cancer registry database.

2. Submit copy of the completed form to David Westover via email at [WestoverD1@michigan.gov](mailto:WestoverD1@michigan.gov) or by fax to (517) 335-9513.

Note: If you have questions regarding Web Plus and/or user request form, please contact David Westover, MCSP Registry Operation Unit Analyst at (517) 335-9624 or [WestoverD1@michigan.gov](mailto:WestoverD1@michigan.gov)