



# Instruction and Registration

## How to register as a DocUpload Organization-designated Administrator (ODA)

Notify your executive leadership (i.e. CEO, President or Executive Director) that you wish to be the Organization-designated DocUpload Administrator (ODA) for your organization. This role requires you to be responsible for approving and maintaining all users within your organization’s access and use of the Qsource DocUpload system for medical record upload. Complete and provide the required DocUpload Provider Registration (see below) to your Executive leadership for their review, approval and signature.

### Provider Registration | Please print name, title and sign.

Provider Name: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

#### Organization-designated DocUpload Administrator

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Executive Leadership of Organization

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## How to register as a DocUpload user

Notify your ODA that you need to become a registered DocUpload user. Provide the required registration information (see below) to your designated administrator. Sign and date the printed copy of your registration form. The ODA will review and approve by signing the user registration form.

### User Registration | Please print name, title and sign.

Provider Name: \_\_\_\_\_

#### User Information

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

#### User\*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Organization-designated DocUpload Administrator\*\*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE:**

\* User will be notified of system registration, password and general instructions after request processing.

\*\*Approval by Organization-designated DocUpload Administrator is required prior to registration request processing.

Once completed, please submit the registration information to Qsource via email at: [trauma@qsource.org](mailto:trauma@qsource.org) or fax to: **501-823-3617**. Retain a copy for your records. Qsource will process the registration form. You will be notified by email when your organization and user registrations are complete and you can sign-in to the DocUpload system. A separate email will be sent containing your system password.