

COUNSELOR'S CORNER USER REGISTRATION

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- Please have your agency's counseling supervisor complete this form and submit via email to Counselinginfo@Phfa.org

Agency Name _____

Agency Number _____

Administrator Name _____

Administrator Email Address _____

Administrator Telephone Number _____ Ext. _____

Please indicate the action requested.

Please check one:

Add new user * Change current user information Remove user**

User First and Last Name _____

User Telephone Number _____ Ext. _____

User Email Address _____

User Title of Position _____

User Date of Hire _____ / _____ / _____

****If user previously had a Counselor's Corner log in, please provide the following information.***

Previous Agency Name _____

Previous Agency Number _____

Previous User ID _____

**** If it is known that the user is going to another counseling agency, please provide that counseling agency name**

Agency Name _____