HAvBED Account Request Form

Access to the Hospital Available Beds for Emergencies and Disasters (HAvBED) system is limited to individuals with an account. Please use this form to request an account. A user name and password will be emailed when approved. Once completed, e-mail this form to the HAvBED help desk at havbedhelpdesk@hhs.gov or fax it to 202-619-7870.

First Name: _____ **Last Name:** _____

E-mail Address: _____ **Phone Number:** _____

Street Address: _____ **City:** _____

State: _____ **Zip:** _____

Job Title: _____

Reason requesting account: _____

Requested Permissions:

- ☐ **State HAvBED Coordinator: Operational point of contact for the HAvBED program within a state.**
- ☐ **National Data Display: Can view all data contained within the HAvBED website.**
- ☐ **Other:** _____

What state does the requested permissions apply? _____

Approved By (if applicable): _____

Print Form Submit via E-mail