

CCO Data Sharing: sign-up sheet

Please indicate who needs to receive the monthly CCO/LTC data list for your district and/or branch offices:

District contact name: _____

Email: _____

Branch contact name: _____

Email: _____

Branch contact name: _____

Email: _____

Branch contact name: _____

Email: _____

Branch contact name: _____

Email: _____

Branch contact name: _____

Email: _____

What version of MS Excel are you using?

2003

2010

Please indicate what type of secure email you will be using to send the report to your CCO contact:

Outlook (#secure#): _____

CCO secure email system: _____

CareAccord secure email: _____

Other: _____

District/s: _____

District Manager/AAA Director: _____

Phone: _____

Email: _____

CCO: _____

CCO: _____

CCO: _____

CCO: _____

CCO: _____

Please fill out this form and send back to:

Selina.hickman@state.or.us