



Screening Information System (SIS) Nuchal Translucency (NT) Access Request

User Information

First Name: _____ Last Name: _____

I am a: NT Practitioner Licensed Medical Professional
 Genetic Counselor Medical Assistant

Credential / License / Certification #: _____

Title: _____

Work phone number: _____

Work email address: _____

Work Name: _____

Address: _____ Apt/Suite#: _____

City: _____ Zip Code: _____

I have read through and understand the [SIS Online NT Trainng Modules](#). Yes No

Signature: _____ Date: _____

Please complete return via scan/email to
toki.fillman@cdph.ca.gov or fax to (510) 412-1560