

Request for Video Scheduler Assignment

Date: _____ Request issued by (name): _____

1. Video Scheduler Information

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Facility Name: _____

Facility Address: _____ City: _____ State: ____ Zip: _____

Organization Affiliation (*if applicable*): _____

2. Approved by:

Supervisor's Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Date approved: _____

3. Provide a list of facilities you may frequently call using your Interactive Video Unit:

**The Video Scheduler listed above will be contacted within 7 business days with information about Training.
Click "Submit Form" when you are ready to send this request.**

OFFICE USE ONLY

Date Request Received: _____ Date Scheduler added to Renovo Application: _____

Password Issued: _____

Initials: _____