

SUMMARY

This job aid shows how to register for an account in the Contract Management Application (CMA).

Step	Action	Visual
1	Click the link below or copy and paste it in your browser to get to the Contract Management Application home page to register <u>https://dbhddapps.dbhdd.ga.gov/CMA/Acco</u> <u>unts/AccessRequest.aspx</u>	
2	On the Contract Management Application home page, select the Register link.	Contract Management Application Note Congra DBHDD Congra DBHDD Constant Magament Application Define Torm Congra DBHDD Constant Magament Application Define Congra DBHDD Constant Magament Application Performer
3	Complete all fields in the Account Registration Form by entering the requested information. NOTE: By default, you will not be able to edit the Employee ID field.	Account Registration Form Staff Type



Step	Action	Visual
4	Hover the mouse pointer over any of the fields to see that field's tool tip. For example, the tool tip for the Office Phone field appears as	
	Format: 000-000-0000.	Account Keyistration Form
		start type Employee LD Employee LD
		First Name Last Name
		786 East
		Work Location Office Phone
		- Select Format 000-0000
		Select VSelect V
		Reason for Requesting Access (250 Characters Max)
		Satest Form
		(Complete All Editable Fields Above Before Submitting Form)
5	If you select the Submit Form button before completing all required fields, the Please complete all required fields error message appears at the top of the form, and all incomplete, required fields will have a red bigblight	Account Registration Form
		Please complete all required fields
	nigringrit.	Staff Type Employee ID
		Contractor
		Test Account
		Tite Email
		Work Location Office Phone
		Division Office
		Reason for Requesting Access (250 Characters Max)
		Submit Form



Step	Action	Visual
6	Select the Submit Form button to submit the Account Registration Form .	
		Account Registration Form
		Please complete all required fields
		Staff Type Employee ID Contractor
		First Name Last Name
		Test Account
		Contract Specialist cmall cmall gdbhdd ga gov
		Work Location Office Phone
		Definal Olive
		Division of Behavioral Health v Office of Adult Mental Health v
		Reason for Requesting Access (250 Characters Max) Include your reason here.
		l
		Submit Form
7	An Access Request message appears indicating that the Access Request Form was submitted for approval.	Georgia DBHDD Contract Management Application Bit Direct Management Application Access Request # 15 Your access request form has been submitted for approval. Please enail Camille Richins and reference the access request number above.