

Enhanced Website Change Form For: Organization, Team, Supervisor, AND/OR MST Expert/Consultant

This form is used to make changes to for an existing team within your organization.

Please fill out ALL REQUIRED information for the TEAM(s), and requests for changes, in only the section(s) below that are relevant to your request.

Section I: Complete to change your organization name on the Enhanced Website

Section II: Complete to change a team name on the EW

Section III: Complete to change the MST supervisor listed on the EW

Section IV: Complete to change the MST expert/ consultant on the EW

Section V: Complete to change use of MSTI Call Center

Section I: Organization Name Change

**EXISTING
ORGANIZATION
NAME (REQUIRED
for all changes):** _____

**NEW
ORGANIZATION
NAME (IF
CHANGING):** _____

Section II: Team Name(s) Change

**EXISTING TEAM
NAME (REQUIRED
for all changes):** _____

Each licensed team (as defined in the MST license requirements), within an Organization, will be set up as a separate team on the Enhanced Web Site.

When selecting a name for your team, please make sure to follow the rules below. If the team name you select does not follow these guidelines, we will assist you in renaming them.

- Team name must be unique.*
- If you have multiple teams in the same location and want to give them the same name, a unique name can be created by adding a unique numeric value to the end of the name , e.g., Hartford1 and Hartford2*

*It is suggested that you use the location of the team, when naming your new team. For example, name the team as the city it is located in. **The team name should be different from the organization name.***

**NEW TEAM NAME
(IF CHANGING):** _____
**TEAM CITY (IF
CHANGING):** _____
**TEAM STATE (IF
CHANGING):** _____
**TEAM COUNTRY
(IF CHANGING):** _____

**Enhanced Website Change Form For:
Organization, Team, Supervisor, AND/OR MST Expert/Consultant**

**MST Treatment
Type (SELECT
ONE IF
CHANGING TYPE
OF MST IT
DELIVERS):**

MST (STANDARD) ____
MST-CAN ____
MST-PSB ____
MST-CM ____
MST-PSYCH ____
MST-FIT ____
MST-BSF (Building Strong Families) ____
MST-Drug Court ____
MST-HC (health care) ____
MST-EC (extended care) ____

Section III: MST Supervisor Change

Complete the following if there is a change in MST Supervisor. Usernames and passwords will be administered to supervisors when this page is filled out completely and returned to msti@mstinstitute.org. MSTI cannot complete setup without all information filled out below.

**EXISTING
Supervisor:**

**Should above
Supervisor be
made inactive?**

**NEW Supervisor
Name:**

Note: THE SUPERVISORS WILL BE ABLE TO EDIT THE SUPERVISOR CONTACT INFORMATION ON THE MSTI ENHANCED WEBSITE.

Phone Number:

Fax Number:

E-mail:

**Enhanced Website Change Form For:
Organization, Team, Supervisor, AND/OR MST Expert/Consultant**

Section IV: MST Expert/Consultant Change

Complete the following if there is a change in MST Expert/Consultant.

EXISTING MST

Expert/

Consultant Name: _____

NEW MST Expert/

Consultant Name: _____

Section V: Changing MSTI Call Center Use

**Using MSTI Call
Center (IF TEAM
WISHES TO
CHANGE USE OF
CALL CENTER FOR
TAM-R, OR
FOLLOW UP
COLLECTION):**

YES NO UNSURE

*****IF YES, PLEASE FILL OUT AND SIGN ORDER SECTION AT END
OF FORM.**

**Enhanced Website Change Form For:
Organization, Team, Supervisor, AND/OR MST Expert/Consultant**

MSTI CALL CENTER ORDER FORM - *ALL FIELDS MUST BE FILLED OUT AND SIGNATURE REQUIRED*

Term of Service and Method of Payment

Term of Service:

The term of service is one year and will automatically renew for successive one-year terms unless the Organization submits a written request to msti@mstinstitute.org to terminate the service. Service will be terminated 30 days following receipt of the request. The method of payment is detailed in the Organization's agreement with MST Group.

Begin Date: _____

Place an "X" in the right column for each service requested.

Data Collection Service (a separate contract will be required for this service)

Product/Service	Base Price	Requested Service
TAM-R collection	\$25/enrolled family/month	
Follow up collection	Pricing based upon option selected and projected annual volume. Contact Molly Brunk, Molly.Brunk@mstservices.com for more information	

MST Institute

Organization Name: _____

Signature:

Signature:

Name: _____

Name: _____

Title _____

Title _____

Acceptance Date: _____

Date: _____

FAX completed form to MSTI Institute at 866-235-1161