

EN ROLLMENT PROCESS

Service Provider Administrator User Security Information

Provider Name _____ Service Provider Number _____

User Name (First) (Last) (MI) _____

Email _____

Telephone _____

NBRC only assigns one Administrator per vendor.

**Note - Password must be reset upon initial logon to EBilling*

Provider Signature _____ Date _____

(Regional Center use only)
Updated by RC Administrator _____ Date _____