



# Salesforce Government Cloud PROVIDER PROFILE CHANGE REQUEST

**\*Required**

\*Date: \_\_\_\_\_

## A. CHANGE REQUEST TYPE

\*Salesforce Portal (Check One):

EARC Portal (Hospital)       NF Portal (NF/SCNF)

\*Provider Profile Changes Requested (Check all that apply)

Name Change       Medicaid Provider Number  
 Address Change       Provider Type       Provider Email Change

## B. CURRENT PROVIDER PROFILE INFORMATION *(Prior to Change)*

\*Name of Provider Organization: \_\_\_\_\_

*(Check One)*  Hospital     NF     SCNF *(specify type)* \_\_\_\_\_

\*Medicaid Provider Number: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City, State, Zip and County: \_\_\_\_\_

\*Telephone: \_\_\_\_\_

\*Organizational Email *(not portal user email, required for NF/SCNF)*:  
\_\_\_\_\_

## C. UPDATED PROVIDER PROFILE DETAIL

*(Complete only those items where changes to the provider profile are requested)*

Name of Provider Organization: \_\_\_\_\_

*(Check One)*  Hospital     NF     SCNF *(specify type)* \_\_\_\_\_

Medicaid Provider Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip and County: \_\_\_\_\_

Telephone: \_\_\_\_\_

New Organizational Email: \_\_\_\_\_

## D. REQUESTOR CERTIFICATION

*As the Information Security Representative (ISR) on file with the Division of Aging Services (DoAS) for the above named provider, I certify the changes requested are accurate. These changes have also been made known to the NJ Department of Health, and other State entities as applicable.*

\*Name of ISR: \_\_\_\_\_

\*Title of Requestor: \_\_\_\_\_

\*Signature of Requestor: \_\_\_\_\_



New Jersey Department of  
Human Services  
Division of Aging Services

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## E. EMAIL INSTRUCTIONS

Submit a fully completed SF-3, PROVIDER PROFILE CHANGE REQUEST form to DoAS via the appropriate email listed below; handwritten and/or faxed submissions will not be accepted.

- EARC Portal – Email: [EARCRegistration@dhs.nj.gov](mailto:EARCRegistration@dhs.nj.gov)
- NF Portal – Email: [Doas-NFPortal.Registration@dhs.nj.gov](mailto:Doas-NFPortal.Registration@dhs.nj.gov)

**NOTE:** Forms with any required information (\*) missing, shall be returned for completion. Please submit any comments or questions to the appropriate email above.

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