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□. Dashboard □□□□ **Admin** □□□□□ □ □□□□□ □□□□□

To Do	Modules	High	Medium	Low	Issue Tracking
Individual	<ul style="list-style-type: none"> T-Log - New Search View 	1	1	1	My Issues
Health	<ul style="list-style-type: none"> ISP Data - New Search Acknowledge 		8		SComm
Admin	<ul style="list-style-type: none"> Individual Data - Search Worklist 		5		Inbox
Agency Reports					Sent Items
Individual Home Page					Compose
					Drafts
					Custom User Group
					Message Audit
					Delete Message Content

□. Program □□ □□□□ **New** □□□□ □ □□□□□ □□□□□

Default Notification Profile	Configure
Program	 New List Import from Excel Search Imported Excel
Site	New List

□. **Create New Program** □□□ □ □□□□□□□□□□ □□□□□□ □□□□ □□□□□

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Create New Program New

Program Details

Provider Code	DEMOTG-TGD
Provider Name	Therap Global Demonstration Provider
* Program Name	<input type="text" value="Speech Therapy"/>
* Program Type	<input type="text" value="Speech Therapy"/>
* Site Name	<input type="text" value="Demo Special School"/>
* Program ID	<input type="text" value="01"/>
Program Code	<input type="text"/>
Cost Center Number	<input type="text"/>
Capacity	<input type="text" value="0"/>

Program Contacts

Primary Contact

Name	<input type="text" value="Name 1"/>	
Phone 1	<input type="text" value="123-456-7890"/>	<input type="text" value="123"/>
Phone 2	<input type="text"/>	<input type="text" value="Extension"/>

Secondary Contact

Name	<input type="text" value="Name 2"/>	
Phone 1	<input type="text" value="789-456-1230"/>	<input type="text" value="789"/>
Phone 2	<input type="text"/>	<input type="text" value="Extension"/>

Valid phone number format: xxx-xxx-xxxx or xxxxxxxxxxxx

Cancel

Save

Save And Create New

Save And Add Individual(s)

- **Save** [Form ID] [Program Name] [Site Name] [Program Type] [Program Cost Center Number] [Status] [Create Date] [Time Zone] [Enrolled Individual(s)]
- **Save and Create New** [Form ID] [Program Name] [Site Name] [Program Type] [Program Cost Center Number] [Status] [Create Date] [Time Zone] [Enrolled Individual(s)]
- **Save and Add Individual(s)** [Form ID] [Program Name] [Site Name] [Program Type] [Program Cost Center Number] [Status] [Create Date] [Time Zone] [Enrolled Individual(s)]

□. **Save** [Form ID] [Program Name] [Site Name] [Program Type] [Program Cost Center Number] [Status] [Create Date] [Time Zone] [Enrolled Individual(s)]

Program (Site)

The form PROGRAM-DEMOTPHL-M6D4N9WY88334 has been successfully saved

Form ID	Program Name	Site Name	Program Type	Program Cost Center Number	Status	Create Date	Time Zone	Enrolled Individual(s)
PROGRAM-DEMOTPHL-M6D4N9WY88334	Speech Therapy	Demo Special School	Speech Therapy		Active	04/11/2023	Asia/Dhaka	Details