

**Attachment 1: AERO Account Request Checklist**

- 1. Obtain an AKO/DKO account from <http://www.us.army.mil>
- 2. Register your CAC with the AKO/DKO website
- 3. Obtain a print-out from Checkmate from your Security Officer showing that you have a Security Clearance of Confidential or higher
- 4. Obtain a copy of your current HIPAA Training Certificate from the MHS Learn website <https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/home.jsp>
- 5. Complete the AERO Account Request Memo and have it signed by your Senior Health Services Officer or Health Services Administrator. If you are one of these officers, leave it blank.
- 6. Submit items 3-5 to the Coast Guard AERO Support Office to [https://portal.naismc.com/uscg\\_aero/index.php](https://portal.naismc.com/uscg_aero/index.php). If you need assistance AERO account creation, please contact the USCG Helpdesk at 1-866-578-5336 or CGHelpdesk@saic.com

**DO NOT SEND THE ACCOUNT REQUEST DIRECTLY TO THE USAAMA AERO HELP DESK:**

U.S. Department of  
Homeland Security

United States  
Coast Guard



Staff Symbol:  
Phone:  
Fax:  
Email:

6010  
11 June 2012

# MEMORANDUM

From: SENIOR HEALTH SERVICES OFFICER OR  
HEALTH SERVICES ADMINISTRATOR

Reply to  
Attn of:

Thru: COAST GUARD AERO SUPPORT OFFICE  
ATTN: OFFICE OF HEALTH (CG-1123)  
2100 SECOND ST SW, STOP 7902  
WASHINGTON, DC 20593  
PHONE: 202-475-5184  
[hqs-pf-aero@uscg.mil](mailto:hqs-pf-aero@uscg.mil)

To: AERO HELP DESK  
USAAMA  
BLDG 5700, NOVOSEL ST  
FORT RUCKER, AL 36362  
PHONE: 334-255-0750  
FAX: 334-255-0747

Subj: COAST GUARD AERO ACCOUNT REQUEST

1. Respectfully request an AERO account for the following Coast Guard clinical staff member:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ AKO/DKO User Name: \_\_\_\_\_

Coast Guard E-mail: \_\_\_\_\_

HIPAA Training Expiration Date: \_\_\_\_\_

Security Clearance Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

User Position/Role (circle one): Flight Surgeon / APA / Medical Corpsman / Clerk (Read Only)

USCG Clinic Locations: \_\_\_\_\_

2. The Senior Health Services Officer or Health Services Administrator is (Name & Rank): \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosures: (1) Security Clearance Verification from Checkmate  
(2) Current HIPAA Training Certificate