State Telehealth Access Network
Teleconference System Use Form
(Submit Form to 808-956-4646 or stan@tipp.net)
PLEASE TYPE OR PRINT CLEARLY

1. Name of Teleconference Coordinator:  
2. Name of Teleconference:

3. Phone Number:  
4. Fax Number:  
5. Coordinator’s E-Mail Address:

6. Date(s) of Teleconference:  
7. Start Time of Conference:  
8. End Time of Conference:  
9. Entity Type:  
   ○ HHSC  ○ Other

10. Teleconference Type:  
    ○ Video Only  ○ Audio Only  ○ Video & Audio

11. Video Teleconference Type:  
    ○ Continuous Presence  ○ Voice Activated  ○ Chair Control

12. Special Notes:

13. Category  
   ○ Education  ○ Telemedicine  ○ Administration  ○ Test  ○ Other  

14. Program Description (If more space is needed, please attach a second sheet):

15. Participating Site Information (List the sites and specify type: ATM, ISDN, IP, PEACESAT, or Phone).

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Type</th>
<th>Name of Site Coordinator</th>
<th>Contact Number</th>
<th>ATM / ISDN #</th>
<th>Port#</th>
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For Use by State of Hawaii Telehealth Access Network Operators Only

Date Received:  
VTC Request Received By:

Date Confirmed:  
Confirmation Number:

For more information, call 808-956-6668
STAN Video Conference Request Form Descriptions

1. Name of Conference Coordinator
   The name of the person responsible for coordinating the conference. (i.e. arranging for site and participant availability, contacting participants, rescheduling participants if need be, etc…)

2. Name of Conference
   A descriptive name for the conference. (i.e. the title of the meeting)

3. Phone Number
   The phone number for the conference coordinator.

4. Fax Number
   The fax number for the conference coordinator.

5. Coordinator’s E-Mail Address
   The e-mail address for the conference coordinator.

6. Date(s) of Conference
   The date requested for the conference. If you are a satellite site, please state the date in GMT.
   NOTE: If there is a conflict with an existing conference, the coordinator will be notified to try and reschedule for another date.

7. Start Time of Conference
   The starting time requested for the conference. If you are a satellite site, please state the time in GMT.
   NOTE: If there is a conflict with an existing conference, the coordinator will be notified to try and reschedule for another time.

8. End Time of Conference
   The ending time requested for the conference. If you are a satellite site, please state the time in GMT.
   NOTE: If the conference extends into another conference, the coordinator will be notified to try and reschedule for another time.

9. Entity Type
   Check whether the originating organization is internal to the Hawaii Health Systems Corporation. If not, please check the "Other" type.

10. Conference Type
    Please select only one type of conference:
    Video Only - All participants will be joining the conference via video teleconferencing. If a site wishes to add in an audio site (i.e. speakerphone), this is fine, however, STAN will not add in audio sites if this option is selected.
    Audio Only - All participants will be joining the conference via audio only. We have the capability of doing both PEACESAT satellite phone patch and multipoint phone conferencing.
    Video & Audio - This is a mixed mode conference with participants joining via audio and video.
11. Video Conference Type
Please select only one type of conference:
Continuous Presence - The screen is split into four sections, with one site in each section. This mode allows for 5 sites that can be seen and heard by everyone. Any additional site will be able to see and hear the 5 sites, but the 5 sites will only be able to hear (not see) the additional sites.
Voice Activated - The active site (with a person speaking) is shown full screen to all the other participating sites. When a participant at another site begins speaking, focus will be shifted to this site.
NOTE: It takes a couple of seconds for the bridge to figure out who is actively speaking and make the switch. Whenever a site does not have someone speaking they need to mute their site, so the bridge doesn't put the focus on them.
Chair Control - The STAN operator controls who everyone in the conference sees. This option is useful if one site has a PowerPoint presentation and another has the speaker for this presentation.

12. Special Notes
Please list any special notes that may apply to this conference. (i.e. if the conference needs to be recorded, a computer image needs to be projected to the other sites, a video needs to be played to the other sites, it is a point to point conference and the bridge is not required, etc…)

NOTE: Any type of fee waivers should be listed here.

13. Category
Please select a category that best describes the type of conference. This information will be used for program reporting.

14. Program Description
Please provide a comprehensive description of the purpose of your session for program reporting.

15. Participating Site Information
List all the participating site names, the coordinator for that site, how each site will connect to the STAN bridge, and a contact number for each site coordinator. The site coordinators should have access to the video conferencing room and equipment. The conference coordinator needs to contact these people to ensure that the room will be available during the conference date/time.

NOTE: If possible the site coordinator should be available at least 20-30 minutes prior to the start of the conference.