

Request for Information Services System Sign-On for Providers, Medical & APP Students

This form is to be used for computer system access requests for Peninsula Regional Medical Center.

Directions: Please *print* legibly and fill out all areas completely. Incomplete forms will delay processing which will result in the User not having access to needed applications. Before a Request will be processed, the User needing access must completely READ and SIGN the IT Acceptable Use Policy (AUP).

This completed form along with the "Acknowledgment and Consent" form, (the last page of the AUP for New Users), are to be returned to the IS department, by one of the following ways:

- emailed to the IS Access Requests Distribution List (is.access@peninsula.org)
- sent via fax, to Information Services at 410-543-7179
- sent via interoffice mail to Information Services "IS Access Requests"

The following information is CONFIDENTIAL and is disclosed to authorized personnel ONLY!

Check appropriate title:

Physician
 Physician's Assistant
 Nurse Practitioner
 CNM
 CRNA
 Resident/Fellow
 Student

User ID (office use only)	✓ Last Name	✓ First Name	✓ Middle Initial
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Anticipated Start Date	✓ Date of Birth	If Temp, Termination Date
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✓ Phone ()	✓ Cell ()	✓ Email
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Specialty	Preceptor (students/residents)	Department (office use only)
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Requester (Dept. Head/MGR) Jill North	Signature of Requester	Phone Number 410-912-2912
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Will this user need access to the following:

- Dragon Dictation
- EPCS (Electronic Prescribing Controlled Substance)
- Multi-Factor Authentication (Out of the Office Remote Access)

✓ **Does this user have prior Epic experience:**

Yes No

Additional requests or comments: (i.e. E-mail...)

Within two business days of Information Services receipt of this request, along with the signed IT Acceptable Use Policy, the Training Resource Team will be notified that computer code(s) and password(s) have been created. It will then be this Team's responsibility to notify the User of their computer code(s) and password(s), in conjunction with scheduled training.

↓ **INFORMATION SERVICES USE ONLY!** ↓

Date Received	Date AUP Signed	Person Receiving Request
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