Request for Information Services System Sign-On for Providers and Medical/APP Students or Residents

This form is for computer access requests for TidalHealth.
Directions: Please **print** legibly and **complete all sections**. The user requesting access must return: (1) this completed form and (2) the signed *Acknowledgement and Consent* form included in the IT Acceptable Use Policy (AUP) to the IS Department via one of the methods below:

- Email to IS Access Requests Distribution List at is.access@peninsula.org.
- Fax to Information Services at 410-543-7179.

The following information is CONFIDENTIAL and is to be disclosed to authorized personnel only.

Check appropriate title:

❑ Physician ❑ Physician Assistant ❑ Nurse Practitioner ❑ CNM ❑ CRNA ❑ Resident ❑ Medical Student ❑ APP Student

User ID (office use only)	Last Name	First Name	Middle Initial

Anticipated Start Date	Date of Birth	Termination Date (if applicable)

Phone	Cell	Email

Specialty	Preceptor (students/residents)	Department (office use only)

Requester (Dept. Head/MGR)	Signature of Requester	Phone Number of Requester

Does user have prior Epic experience? ❑ Yes ❑ No

If Yes, how recent was the Epic experience? ❑ Within 6 months ❑ 6 months to 1 year ❑ > 1 year ago

Will user need to prescribe controlled substances? ❑ Yes ❑ No ❑ N/A (Medical/APP students)

Additional Requests or comments:

Information Services will create/provision all applicable access within two business days of receipt of (1) this completed form and (2) the signed IT *Acknowledgment and Consent* form. The IT Principal Trainer will receive notification of completed access, and the user will receive access instruction in conjunction with scheduled training.

↓ **INFORMATION SERVICES USE ONLY!** ↓

Date Received	Date AUP Signed	Person Receiving Request

IS-010 (rev. 10/20)