

Information Services - Request for Access or Removal to the UIMC Network or Applications Rev 10/19/06

- **Section 1a, 1b, 1c: Create, Change or Terminate Account** - Check only one type.
- **Section 2: Application and Access Levels** – Many applications REQUIRE training before access is granted. View UIC Training www.hospital.uic.edu/docs/TOC-train.asp or call IS 312.413.9324 for more information.
- **Section 3: Employee Account/Department Information** – University NetID, Full name, University Identification Number (UIN), department, and position/job title are **required fields**
- **Section 4 Approval Authorization** - Department Security Contact must print name, sign, and date.
Fax Signed Form to: IS Training Team - FAX Number (312) 996-7267.

1a. CREATE New UIMC Network Account AND add access to applications marked in Sect 2 below

New UIMC Network account with Outlook email/productivity software
 New UIMC Network account without Outlook email/productivity software. If you choose this option, please give the user's current email address _____
If this is a temporary account for a student or visiting scholar, please give **Expiration Date:** _____

1b. CHANGE Current UIMC Network Account Access:

Add or Change access for user to applications listed in **Section 2 below**
 Add Outlook email/productivity software to current UIMC Network account
 Remove Outlook email account and point FUTURE email to: _____
(NOTE: you are responsible for forwarding any email currently in the Outlook account that you wish to keep.)

1c. TERMINATE UIMC Account Access:

Disable access for user to applications listed in Section 2 below (User changing responsibilities or UIMC Department.)
 Terminate UIMC account and all application access (User leaving UIMC) Effective Date _____

2. APPLICATION AND ACCESS LEVELS:

DEPARTMENTAL SHARED DRIVE: Map to drive letter: _____ pathname: _____
• (Default is G:), pathname (for example: \\uicmc20z\ITS).

CERNER Applications: Patient Care System (Powerchart): _____ (includes View Only access to **MARS**)
Charge Services: _____ Scheduling: _____ Patient Access Management (PAM): _____
FirstNet (ED Only): _____ RadNet (Radiology Only): _____ Pharmacy: _____

MARS: Full Access: _____ **BIRTHNET:** _____ **PACS:** _____ **ORBIT:** _____

PHS Access: View Only: _____ Scheduler: _____ Super User: _____ **PHS Training:** Departmental or IS (Circle one)

MED CABINETS: Super User: Yes / No **Position:** Nurse: _____ Respiratory Therapist: _____ Pharmacist: _____ Pharm Tech: _____
Work area: ICU-Adult: _____ ICU-Peds: _____ Stepdowns: _____ Med/Surg: _____ OB: _____
OR/PACU/Surgicenter: _____ ED: _____ GI Lab/Angolan/Cath Lab: _____

MIDAS: _____ **PCON:** _____ **PMM:** _____ **DOCUMENT DIRECT:** _____

HEALTHQUEST: Inquiry: _____ Insurance Verification: _____ Medical Record: _____ Patient Account: _____

OTHER: _____

3. EMPLOYEE ACCOUNT/DEPARTMENT INFORMATION:

University NetID: _____ (You must have a University NetID BEFORE you send this application. If you do not have a University NetID, contact your supervisor or your Department's ACCC University phonebook contact. You can find your department's contact at <http://www.uic.edu/depts/accc/pbcontacts/>.)

PLEASE PRINT
Name: _____ Work Phone: _____/_____-_____
First name MI Last name

UIN (blue numbers on I-card): _____

Position/Job Title: _____ Department: _____

4. APPROVAL AUTHORIZATION: - Must be the Department Security Contact (DSC)

Print Name (DSC): _____ Work Phone: _____ Fax: _____

Signature: _____ Date: _____