

Joan C. Edwards School of Medicine at Marshall University

Account Request Form *Revised 2/17/2012*



ALL FORMS MUST BE ACCOMPANIED BY A COPY OF A PHOTO ID

Name: Last	First	Middle	Today's Date __/__/__
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Please List all Previous Last Names:

Marshall Univ. ID Number (901nnnnnn) (if you have one)	Date of Birth: (MM/DD/YYYY) / /
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Driver's License State & Number:	Mother's Maiden Name:
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Home Phone Number: ()	Daytime Phone Number: ()
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Home Address: Street	City	State	ZIP
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USER TYPE - Indicate the ONE type of user that best describes your role with the School of Med / University Physicians & Surgeons

STUDENT:

- MD-seeking School of Medicine medical student and/or MS or PhD-seeking graduate student (including Medical Sciences Masters Program or Forensic Science Masters Program)
- Visiting medical or graduate student

CLINICAL PROVIDER:

- Physician or other billing clinical provider / clinical faculty (e.g., MD, DO, PsyD, NP, PA, etc.)
- Resident physician or fellow (non-billing clinical provider)

CLINICAL STAFF:

- Non-billing, non-physician, non-resident clinical provider (e.g., RN, LPN, etc.)
- Clinical department staff or administrator (e.g., front desk, HIM, financial counselor, Dept Administrator, etc.)

NON-CLINICAL STAFF/ FACULTY / ADMINISTRATOR:

- Non-clinical faculty (e.g., basic science / research faculty)
- Non-clinical staff (e.g., research technician, administrative assistant, etc.)
- School of Medicine or Univ. Physicians & Surgeons Administrator (e.g., Director, Asst. Dean, etc.)

INSTITUTIONAL AFFILIATE / ON-SITE CONSULTANT:

- SOM/UP&S retained consultant (e.g., McKesson, Culbert Health Services, retained defense counsel, etc.)
- Local hospital employee (e.g., Cabell Huntington Hospital, St. Mary's Medical Center, VAMC, etc.)
- Marshall Univ. or other WV higher education employee (e.g., MU COHP, WVRHEP, etc.)

EXTRA HELP / TEMPORARY EMPLOYEE / STUDENT ASSISTANT / OTHER:

- Extra help / temporary employee (anticipated less than 1 year) / student-assistant
- Other user (none of the user types above apply)

I agree to abide by all applicable federal and state laws and policies of Marshall University, the School of Medicine and University Physicians & Surgeons as they relate to access and usage of any accounts assigned to me.

Applicant Signature: _____ **Date:** __/__/__

SOM/UP&S IT Use Only:		
Assigned MU 901 ID#	Assigned MUNet Username	Default MUNet Password

Received by:	Date: __/__/__
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Account Info Released to User or Other (specify: _____)	By: _____ Date: __/__/__
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STUDENT ACCOUNT SUPPLEMENTAL PAGE

For all types of STUDENT accounts EXCEPT Student Assistants

Assigned MUNet Username:	SOM/UP&S IT use only	
Please write your <u>NAME</u> again here in case this page of the form gets separated from the previous one:		
IF you are an <u>MD-seeking matriculating or transfer student</u> (or <u>MD+PhD seeking student</u>) please provide your currently planned MD program graduation year:		
<p style="text-align: center;">MD Graduating Class of: _____ (e.g., Class of <u>2014</u>)</p>		
IF you are a <u>PhD or MS-seeking graduate student</u> (or <u>MD+PhD seeking student</u>) please indicate your graduate program:		
<input type="checkbox"/> Medical Sciences Masters Program <input type="checkbox"/> Forensic Science Masters Program <input type="checkbox"/> Biomedical Sciences PhD Program <input type="checkbox"/> Combined MD + PhD Program		
IF you are a <u>visiting medical or graduate student</u>, please provide your planned arrival and departure dates:		
<p style="text-align: center;">Arrival Date: ___ / ___ / ___ Departure Date: ___ / ___ / ___</p>		
SOM/UP&S IT Use Only: Services for STUDENT accounts		
SERVICE	ADDITIONAL INFO	COMPLETED BY & DATE
Banner Identity / 901 ID #		___ / ___ / ___
MUSOM Domain Account		___ / ___ / ___
MEDIX (V: drive) Account	NOT for Visiting Students	___ / ___ / ___
*MULiveMail Account *Forward to MULiveMail *SMTP-Enable Domain Acct	NOT for Visiting Students	___ / ___ / ___
Add to ADS Security Group for students:	Ex: MUSOM BMS Grad Students, MUSOM Med Sci Grad Students, MUSOM Class of NNNN Group: _____	___ / ___ / ___
Add to SYMPA Email List Med Student email lists maintained by Erica Hankins. Grad Student email lists maintained by Diane Maue. Notify them of user's name, username & appropriate list.	Ex: BMS-List@lists.marshall.edu MedSci-List@lists.marshall.edu MUSOM2014-List@lists.marshall.edu List: _____	Notified: _____ (Hankins or Maue) ___ / ___ / ___

ALLSCRIPTS EHR USER ACCOUNT SUPPLEMENTAL PAGE

Complete the appropriate section(s) of this form only in the following cases:

1. New User Account (not a clinical provider) – Applicant is not a clinical provider but is requesting a user account in this system and has never had such an account before. Complete “User Access” section, below.
2. User Account Change – Applicant is requesting a CHANGE to existing account access levels (increase in access, etc.). Complete “User Access” section, below.
3. New Provider – Applicant is requesting the addition of a new UP&S provider to the system (new MD / DO / PA / NP, etc.). Also complete “Flowcast / Allscripts Provider Information Supplemental Page.”

Assigned MUNet Username:	SOM/UP&S IT use only	
Please write your <u>NAME</u> again here in case this page of the form gets separated from the previous one:		
USER ACCESS		
Select One: <input type="checkbox"/> NEW User <input type="checkbox"/> CHANGE to an existing Allscripts user access level. Explain below (e.g., Resident to Attending Physician, LPN to RN, etc.):		
Allscripts Access Level Requested <input type="checkbox"/> Physician <input type="checkbox"/> HIM <input type="checkbox"/> Super user <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> HIM manager <input type="checkbox"/> View only <input type="checkbox"/> Resident <input type="checkbox"/> Tech <input type="checkbox"/> View + print only <input type="checkbox"/> Physician assistant <input type="checkbox"/> Front desk <input type="checkbox"/> Department administrator <input type="checkbox"/> Nurse <input type="checkbox"/> Billing <input type="checkbox"/> Medical student <input type="checkbox"/> Medical assistant <input type="checkbox"/> Transcriptionist		
Primary Printer at Each Clinic Location		
Location: _____	Printer / Print Queue: _____	
Location: _____	Printer / Print Queue: _____	
Location: _____	Printer / Print Queue: _____	
Authorized by: (e.g., Supervisor / Department Administrator – MUST be SOM/UP&S Employee) _____ X _____ / ___ / ___ Print Name		
SOM/UP&S IT Use Only:		
Services for ALLSCRIPTS EHR accounts		
SERVICE	ADDITIONAL INFO	COMPLETED BY & DATE
Completion of training applicable to requested role	Trainer:	____ / ____ / ____
Password released to user		____ / ____ / ____

MUSOM EXTERNAL ACCESS GATEWAY (CITRIX) ACCOUNT SUPPLEMENTAL PAGE

The MUSOM External Access Gateway (Citrix) provides off-campus access to Allscripts EHR and Flowcast. Clinical faculty, residents, fellows and medical students inherently have access to the MUSOM External Access Gateway (Citrix) server. Complete this form for other users who wish to request access to this resource.

Assigned MUNet Username:	SOM/UP&S IT use only	
Please write your <u>NAME</u> again here in case this page of the form gets separated from the previous one:		
Justification – Briefly explain why this user needs access to the MUSOM External Access Gateway (Citrix):	Citrix Acct Approved by (IT Admin)	
	ADS Group:	
	X _____ ____ / ____ / ____	
Authorized by: (e.g., Supervisor / Department Chair – MUST be SOM/UP&S Employee)		
_____ X _____ ____ / ____ / ____		
Print Name		
SOM/UP&S IT Use Only:		
Services for MUSOM EXTERNAL ACCESS GATEWAY (CITRIX) accounts		
SERVICE	ADDITIONAL INFO	COMPLETED BY & DATE
Add to Remote Access ADS Security Group	SOMCitrix or SOMCitrixAdmins Group:	____ / ____ / ____