

St. David's Healthcare Partnership STUDENT / INSTRUCTOR Network/Emar Access Request Form

Instructions:

1. Complete Section 1.
2. Instructor completes Section 2 and signs the form.
3. The completed Computer Access Request Form must be submitted to the SDMC IS Help Desk **3 business days** prior to when access is needed. A Confidentiality and Security **MUST** be on file at the NAMC helpdesk.
4. Contact the SDMC Help Desk for information or questions.

Call the SDMC Help Desk at 404-8324. Fax completed form to 404-8228

SECTION 1 – Who is requesting Meditech Access?

NOTE: Requestor MUST have a signed Confidentiality and Security Agreement on file at NAMC!

Request Date: _____

Last Name: _____ **First Name:** _____ **Middle Initial: (required):** _____

Social Security#: _____ **Birthdate:** _____

Phone: _____

SECTION 2 – Instructor

Facility where access is needed

NAMC RPMC SAH SDMC

Level of access requested

STUDENT INSTRUCTOR

Unit/Area where requestor will be working: _____

Please contact the Help Desk at 404-8324 to obtain user ID's and passwords for your students OR provide us with your email address so that we may notify you once they are set up.

Allow up to 72 hours for access request to be completed.

Email: _____

Your Printed Name: _____ **Your School Affiliation:** _____

Student Start Date: _____ **Student End Date:** _____

Instructor Signature

Instructor Phone/Extension

IS Use Only

Date Received: _____ by: _____

Complete: _____ by: _____

MT _____
Access
Dictionaries