



## NEW USER - IT Security Access Request Form

Please ensure all fields in **bold** are completed or the request may be unable to proceed

<b>First Name</b>		Middle Initial	<b>Last Name</b>	
<b>Employee ID Number</b>	<b>Employee Phone #</b>		Last 4 of SS#	<b>Facility Name</b>
<b>Dept. Name</b>		<b>Dept. Number</b>	<b>Employee Title / Job Role</b>	
<b>Employee Type:</b>				
<input type="checkbox"/> <b>Employee</b> <input type="checkbox"/> <b>Nurse</b> <input type="checkbox"/> <b>Physician</b> <input type="checkbox"/> <b>Resident</b> <input type="checkbox"/> <b>Student</b> <input type="checkbox"/> <b>Volunteer</b> <input type="checkbox"/> <b>Contractor</b> (If checked, please include Current Email and Contract Expiration Date below): <b>Current Email:</b> _____ <b>Contract Expiration Date:</b> _____ <input type="checkbox"/> <b>On-site</b> <input type="checkbox"/> <b>Off-site</b>				
<b>Credentials:</b>				
<b>Manager Completes Section Below – Missing information may lead to improper processing of request</b>				
<b>Please Check Appropriate Boxes:</b>				
<input type="checkbox"/> <b>Network Drives:</b> <input type="checkbox"/> <b>Home Drive</b> <input type="checkbox"/> <b>Department Drive:</b> _____ <input type="checkbox"/> <b>Other:</b> _____ _____ _____		<input type="checkbox"/> <b>Paragon Live</b> <input type="checkbox"/> <b>Test</b> <input type="checkbox"/> <b>Training</b> (List Modules Needed): _____ _____ _____ _____		
<input type="checkbox"/> <b>Email</b> List Distribution Groups: _____				
<b>Applications:</b>				
<input type="checkbox"/> <b>Accudose</b> <input type="checkbox"/> <b>Axiom</b> <input type="checkbox"/> <b>CBORD</b> <input type="checkbox"/> <b>CPACS</b> <input type="checkbox"/> <b>EC2000</b> <input type="checkbox"/> <b>GE CPN</b> <input type="checkbox"/> <b>HBB</b> <input type="checkbox"/> <b>HBI</b> <input type="checkbox"/> <b>HMI</b> <input type="checkbox"/> <b>HPF</b> <input type="checkbox"/> <b>Ibex</b> <input type="checkbox"/> <b>Internet</b> <input type="checkbox"/> <b>Maxsys</b> <input type="checkbox"/> <b>PACS</b> <input type="checkbox"/> <b>Passport</b> <input type="checkbox"/> <b>PCA</b> <input type="checkbox"/> <b>Physician Webstation</b> <input type="checkbox"/> <b>Responder 5</b>				
<input type="checkbox"/> <b>List Other:</b> _____ _____ _____				
<b>Remote Access:</b>				
<input type="checkbox"/> <b>VPN</b>				
<b>Additional Information:</b>				
<b>Please Do Not Sign Your Own Authorization Form:</b>				
<b>Date Submitted:</b>		<b>Manager's Email Address:</b>		<b>Manager's Phone Number:</b>
<b>Manager's Printed Name:</b>				
<b>Manager Signature:</b>				

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