

Information Technology Access Request Non-NMC Employee
Please print clearly

1.

Requested by: Jennifer Fernandez Department: Nursing Cactus Date: _____
Must be an NMC Director (or designee) or IT/HI

Signature: _____ Request Date: _____

2.

Non-NMC Employee Name: _____
(First) (Middle Initial-required-indicate if no initial) (Last) (Suffix)

Start Date: _____ Expiration date: _____

Contact Phone: _____ Business Email: _____

PIN# (minimum 4-digits): _____

Summary of Account Purpose: _____

Company Name: _____ Company Phone: _____

Check Affiliation: Clinic Provider Other Agency Student: Nursing
(Non-NMC Employee) (MD, DO, PA ARNP, CRNA) (Other Organization) (Agency Staff) (Type)

3. Offsite Authority Information (office manager or equivalent)

Please print clearly

Name: _____

Business Phone: _____

Business Email: _____

Please fax the form to 316-804-6139 or send via email to IT.Access.Request@newtonmed.com.

For use by Information Technology Department

Network: _____ Password: _____ Date _____ Initials _____

Meditech User Mnemonic: _____

Provider NPI#: _____

	Date	Date	Initials
Meditech User Setup:	Test 6.15 _____	Live 6.15 & 5.67 _____	_____
Meditech Copy Access:	Test 6.15 _____	Live 6.15 & 5.67 _____	_____
Mobilab Access:	Test 6.15 _____	Live 6.15 _____	_____