

Case ID:

**Information Services Request for Sign-on**

**Please ensure all fields in bold are completed or the request may not be processed.**

<input type="checkbox"/> New Sign-on	<input type="checkbox"/> Modify Existing Sign-on	<input type="checkbox"/> Terminate Sign-on
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<b>Employee ID</b> (5 digits):	<b>Non Employee:</b> (Last 4 of SS#)	<b>Physician ID</b> (6 Digits):
<b>List Name or ID of Employee to Copy or in job previously:</b>		
<b>Job Title:</b>	<b>Company/Department Name:</b> <b>UT College of Medicine</b>	
<b>Existing Sign-on:</b>		
<b>Security Question:</b> Check one of these - ____ 1. What is your mother's Maiden name? or ____ 2. Where were you born?		
<b>Security Answer to selected question above:</b>		
<b>Employee Signature:</b>		<b>Callback # (Cell or Home):</b>
<b>Access Needed:</b> (Please check all boxes that apply)		
<input checked="" type="checkbox"/> SMS Invision	<input checked="" type="checkbox"/> SMS Net Access	<input checked="" type="checkbox"/> Network Login
<input checked="" type="checkbox"/> Citrix	<input type="checkbox"/> PADI	<input type="checkbox"/> MAK
<input checked="" type="checkbox"/> PACS	<input type="checkbox"/> RAS	<input checked="" type="checkbox"/> Does employee require Internet Access: <b>YES</b>
<input type="checkbox"/> ILE	<input type="checkbox"/> Email: Telephone Ext to be listed in Outlook:	<input checked="" type="checkbox"/> Telephone Ext:
<input type="checkbox"/> Physician Office Personnel	<input checked="" type="checkbox"/> Physician Access/Portal	<input type="checkbox"/> SCI (Shortcut/Icon)
<input type="checkbox"/> Resident Access: Date Ends:		<input type="checkbox"/> Medical Student: Date Ends:
<input checked="" type="checkbox"/> Other: <b>Needs to be able to save files to a "My Documents" virtual Drive, Erlanger Network, access the Internet, access Intranet, Net Access, HPF, Physician Portal, PACS, GE EMR, and Citrix. Does not need Erlanger email.</b>		

**Additional Information:**

(Example: Any known file shares needed, list full share names): Resident Share Drive, and all folders associated with Family Medicine, Internal Medicine, OB/GYN, Pediatrics, and Surgery folders and subfolders -- <b>resident shares (\\wh-fs-04\)</b>	
<b>For HPF access</b> , please send request to PSO (Privacy and Security) Mr. Wayne Wilson and HIM (Health Information Management) Mr. Jim Brown.	
<b>Manager/Supervisor</b> verifies that this client has been trained and passed the test for access to Invision/Registration: <b>Signature:</b> <b>(N/A)</b>	
<b>Date Submitted:</b>	<b>Manager/Supervisor Authorization:</b>
<b>Manager Ext:</b> <b>7442</b>	<b>Printed Name:</b> <b>Pamela D. Scott, Director of Graduate &amp; Medical Student Education</b>

**Please Do Not authorize your own form.**

**Fax to: (810) 424-8410**

If you do not receive an automated email containing a case number from the service desk within 4 hours call 423-778-8324.