



Erlanger Health System

Instructor / Student Access Request Form -- PART 1

To request access to EHS information systems the following criteria must be met:

- The school must have a current Clinical Affiliation Agreement (contract) with EHS
- All required documentation, i.e. background check, immunization records, etc. must be submitted to the Clinical Placement Coordinator: Nancy.Stevens@erlanger.org (NP & PA students, Allied Health)
Clinical@Erlanger.org (Undergraduate Nursing)
- All non-highlighted fields of the request form must be completed **Incomplete forms will be returned**

PART 2: Complete Demographic Spreadsheet -- every student must be entered for Access.

SECTION 1: The following information identifies the EHS CONTACT PERSON (manager, preceptor or system coordinator) who will oversee the student's activity:		
EHS Contact Name: Jill Steelman		
EHS Contact Title: Clinical Education Administrator		
EHS Department and Cost Center: Clinical Education, cost center 8384		
EHS Clinical Affiliation Agreement Meditract #:		
SECTION 2: The following information identifies the USER for whom access is being requested:		
PeopleSoft ID#:	Email address:	
Last Name:	First Name:	MI:
Job Role:		
Contact Telephone:		
Work Location: <input type="checkbox"/> On Site Facility: _____ <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		
<input type="checkbox"/> Inpatient Nursing <input type="checkbox"/> Emergency Services <input type="checkbox"/> Women's Services (OBIX)		
Security Question: Where were you born? _____		
SECTION 3: The following information identifies the school which the user attends:		
Instructor Name:		Instructor telephone:
Instructor email address:		
School Name:		
Program of Study:		
SECTION 4: The following information identifies the specific SYSTEM ACCESS needed:		
Specify system(s) for which access is being requested:		
Purpose of access (must provide detailed explanation for EACH system for which access is being requested):		
Start date of access:		Anticipated duration of access _____ days (default = 30 days)
NOTE: Access will be granted for a maximum of 180 days at which time a renewal must be requested.		

*****Email Robin.Debolt@erlanger.org regarding access to the secure mailbox for document submission*****

For Internal Use – Anthelio Healthcare Solutions		JUNIPER VPN GROUP:
POB Case #:	Date Received:	Account Expiration Date:
Completed By:		Date Completed:
Request meets criteria for pre-approved access? <input type="checkbox"/> YES		<input type="checkbox"/> NO (send to CIO for review)
FOR EHS CIO USE ONLY		Date Received:
<input type="checkbox"/> APPROVED		By:
<input type="checkbox"/> DENIED		_____
Reason for Denial _____		DATE: _____

