

UCLA HEALTH Medical Information Technology Services / 176746 10880 Wilshire Blvd., Suite 600 Los Angeles, CA 90024 Phone: (310) 267-4560 / Fax: (310) 794-7895	NON-EMPLOYEE ACCESS REQUEST FORM	ServiceNow RITM# :
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PLEASE TYPE (or print legibly) REQUIRED INFORMATION BELOW.

(1) LEGAL NAME (Last/First/Middle Initial) [REQUIRED]	(2) TITLE / ROLE [REQUIRED]	(3) TELEPHONE (Work) [REQUIRED] ()
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PLEASE CHECK THE APPROPRIATE BOX:
 NEW APPLICATION ACCESS CHANGE INFORMATION CHANGE

(4) ORGANIZATION AND MAILING ADDRESS [REQUIRED] (Department/Room no./Building or Street Address/City, State & Zip) School of Nursing/Factor Bldg 4-230	(5) MOTHER'S MAIDEN NAME OR IDENTIFYING SECRET WORD [REQUIRED]
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(6) SPONSORING DEPARTMENT: <u>School of Nursing</u> <small>[REQUIRED]</small> MANAGER / SUPERVISOR: <u>Paul Macey</u> <small>[REQUIRED]</small>	(7) CONTRACT / APPOINTMENT END DATE: [REQUIRED] _____ <p style="text-align: right;">*End date cannot exceed 1 year</p>
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(8) **ACCOUNT(S) REQUESTED:**

NETWORK <input type="checkbox"/> AD Domain <input type="checkbox"/> Exchange <input type="checkbox"/> VPN	MAINFRAME/RACF <input type="checkbox"/> Mainframe / RACF Model: _____ <small>(For PBS, FPG, or Financial Srvcs)</small>	FORMS PORTAL <input type="checkbox"/> Westwood <input type="checkbox"/> Santa Monica <input type="checkbox"/> NPH Level: _____	CareConnect <input type="checkbox"/> MUSE/EKG <input type="checkbox"/> OBIX/Fetal Monitoring <input type="checkbox"/> Cadence Scheduling <input type="checkbox"/> Cash Drawer Template: _____	EMPAC <small>SELECT ONE ONLY</small> <input type="checkbox"/> Requisition Requester <input type="checkbox"/> Requisition Approver <input type="checkbox"/> Other: _____
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<input type="checkbox"/> PACS	Extended Timeout: <input type="checkbox"/> Yes <input type="checkbox"/> No	Access Type: _____
<input type="checkbox"/> RIS-IC (Formerly IDX)	Default Org: _____	Access Type: _____
<input type="checkbox"/> Powerscribe	Lock Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No	Access Group: _____
<input type="checkbox"/> Allscripts BedXpress	<input type="checkbox"/> Ronald Reagan Hospital <input type="checkbox"/> Santa Monica <input type="checkbox"/> NPH	
<input type="checkbox"/> iCap	Specify iCap Group(s): _____	Role: _____
<input type="checkbox"/> OneStaff	Type: _____	

NOTES, COMMENTS, ADDITIONAL ACCESS, REQUESTS, EXTERNAL EMAIL ADDRESS:

UNAUTHORIZED COMPUTER USE:

Unauthorized use of Medical Enterprise computer equipment and/or data could result in the termination of my access. In addition, should I so misuse Medical Enterprise computer equipment and/or data, I further acknowledge and agree that the University has the right to, under its agreement with Epic Systems, remove me from work on all UCLA contracts. Such unauthorized use may also constitute grounds for either civil action (for restitution) or criminal prosecution by a third party other than University.

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT:

_____ **Applicant Signature** **[REQUIRED]** _____ **Date** **[REQUIRED]**

(9) AUTHORIZER [REQUIRED] _____ / _____ <small>Signature / Print Name Date</small>	Please attach this form to your ServiceNow request
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