

Microscope Facility
 Physiology Building, Room G04
 725 North Wolfe Street
 Baltimore, Maryland 21205-2105
 410-614-6890 Telephone
 410-955-4129 Fax
 www.hopkinsmedicine.org/micfac
 microscopy@jhmi.edu



User Enrollment Form

- Instructions:**
1. Complete Part A and sign Part B of this form (See "Rules for Microscope Facility Members and Users.")
 2. Part C must be signed by the Principal Investigator.
 3. To schedule training, email microscopy@jhmi.edu
 4. Bring this form and the "SOM Card Access Form" on the day of your training.
 5. After you pass Certification Testing (typically right after training), you will be granted WebCalendar Reservation access and ID-card swipe access.

Part A: User Information			
Last Name	First Name	Badge ID Number	JHED ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Affiliation		Primary Division	
<input type="checkbox"/> Faculty <input type="checkbox"/> Fellow <input type="checkbox"/> Postdoc <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Temp		<input type="checkbox"/> SOM <input type="checkbox"/> BSPH <input type="checkbox"/> JHH <input type="checkbox"/> Other _____	
Department		Telephone Number	
<input type="text"/>		<input type="text"/>	
Campus Address		Email Address	
<input type="text"/>		<input type="text"/>	
WebCalendar Reservation Password (note: UserID=JHED-ID)			
<i>Create a UserID up to 10 characters (alphanumeric/case sensitive):</i>			
Part B: User Agreement			
<p><i>I have received and read the Rules of the Microscope Facility. I agree to abide by these Rules and I understand that I will incur financial penalties if I violate these Rules or if I damage any Facility equipment.</i></p>			
x _____ User's Signature		x _____ Today's Date	
Part C: Principal Investigator Budget Authorization			
PI Last Name		PI First Name	PI JHED-ID (Micfac Use Only)
<input type="text"/>		<input type="text"/>	<input type="text"/>
PI Signature Authorizing Budget Access		Cost Center/Internal Order Number (8-10 digits)	CC/IO Expiration Date
x _____		<input type="text"/>	<input type="text"/>
Micfac Use Only			
Training Date	Equipment	Instructor	Training Date
____/____/____	_____	_____	____/____/____
____/____/____	_____	_____	____/____/____
____/____/____	_____	_____	____/____/____
____/____/____	_____	_____	____/____/____