

User Security Request Form

Instructions: This form must be completed and signed by employee's supervisor/manager. Please scan and e-mail completed forms to **ISSecurityRequests@jhmi.edu** OR fax to **410-550-7148**.

Please **PRINT CLEARLY!** Illegible requests will delay service!

* - Required field

*Please check one:

Confidentiality Form Attached Provider Request (Confidentiality Form on file with Medical Staff Office)

*Please check all that apply:

JHED E-Mail EPIC "P gy "Wigt "*****"GRK "Wf f cvg "Wigt "Tqrg EKG Web View

Requestor Information (Supervisor/Manager/Director)

*JHED id: _____

*Name: _____ *Date: _____

*Signature: _____

*Phone: _____ *E-mail address: _____ *Fax: _____

Employee Needing Account

*First Name: _____ Middle Name: _____

*Last Name: _____

*Social Security Number: _____

*Birth Date: _____

*Title: _____

*Department: _____

Building/Room: _____

Office Phone: _____ Fax: _____

*Temporary Personnel Only - Expected Date of Departure (mm/dd/yy): ____/____/____

Departmental Drive Access – Emulate(copy from existing active user) user JHED id: _____

EPIC - This section **MUST** be completed if requesting **EPIC** access.
Credentialed Staff **MUST** be credentialed through the Medical Staff Office (0-0181).

EPIC training is required for all new users or role change. Access training through **My Learning** at my.johnshopkins.edu

EPIC Role _____