CCHHS Computer Sign-On Request Form
Other

| Network: _____ |
| Cerner: _____ |
| Other: |

A. ☐ Add ☐ Change access or personal info ☐ Inactivate ☐ Re-activate

B.

Last [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

First [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] MI [ ]

_____
Healthcare Credentials
(e.g., LCSW, RPh, RD)

_____ _____ _____
Cook County Badge # or last 2 of SSN   Phone   Pager

With my signature, I affirm that I received, read, and will abide by the Information Security Rules of Behavior.

_____ / _____ / 20____   _____
Date   Firm/Agency, if non-County

_____   _____
User's Signature   Position or Title

C. Primary   Location   (check one)

☐ ACHN   ☐ Core Center   ☐ Juv Det   ☐ Provident
☐ Cermak ☐ J H Stroger   ☐ OFH   ☐ Public Health

_____
Medical Department or ACHN Site or Public Health Site

D. Access Duration

____ /____ / ____ -- ____ /____ / ____
Start Date   End Date

(End date for temporary users such as students, volunteers, residents & contractors)

☐ County Employee *(No end date)* EMP# Req _____

E. *Special Access* ☐ *Cook County email* ☐ *Internet* ☐ *VPN* ☐ * _____

☐ *ED Med Team Assign** ☐ *Peds Pt Assign ** ☐ *Cerner Apps Explicit (M:) ** ☐ *LOL ** ☐ *Cerner Non Prod **

☐ *Nursing Productivity & Benchmarking** ☐ *Time & Attendance ** ☐ *AIX ** ☐ *CareLink Supv ** ☐ *CareLink FC **

☐ *CareLink Outside** ☐ *CareLink Audit** ☐ *PAIS* ☐ *Teletracking same access as* :_____

☐ *Bizhub Scanning to Email* ☐ *Bizhub Scanning to Network share*   *denotes additional authorization required at bottom of form

F. *Cerner*   **Check 1** below or request access the same as (existing user) _____

☐ Clerical Orders	☐ Epidemiologist	☐ Pharmacist	☐ Recreational Therapy
☐ Clerk Same Day Surgery	☐ Health Data Access	☐ Pharmacist Clinical	☐ Researcher
☐ Correctional Med Tech	☐ Health Data Access w/ Reg-Chart	☐ Pharmacist Student	☐ Respiratory Therapy
☐ Dental Staff	☐ Health Educator / Counselor	☐ Pharmacy Tech	☐ Scheduler
☐ ED Admin Non-Physician	☐ Information Desk, Pass Desk	☐ Physical Therapist	☐ Senior Administrator
☐ ED Clerk	☐ Lab Technologist	☐ Physical Therapy Assistant	☐ Social Worker
☐ ED EKG	☐ Mental Health Other	☐ Vocational Rehab	☐ Social W/ sched view only
☐ ED PA/NP	☐ Nutritionist	☐ Rad Clerk	☐ Speech Audiology Lang Path
☐ ED Researcher	☐ Occupational Therapist	☐ Rad File Room	☐ Student Physical Therapist
☐ ED Student Clinic	☐ Occupational Therapy Assistant	☐ Rad Manager	☐ SurgiNet Clerk
☐ ED View Only	☐ Student Therapy	☐ Rad Supervisor	☐ SurgiNet OR Manager
☐ EKG Tech	☐ OT/PT Administrator	☐ Rad Technologist	☐ SurgiNet OR Scheduler
☐ Environmental Services	☐ Pharmacy Clerk	☐ Rad Transcriptionist	

Message Center Pool/s:

For Cerner Stroger ED **Firstnet:** ☐ Adult ☐ Peds ☐ Trauma   Page Center X PCX/LRS:

SCC   ☐ QC   ☐ LAB   ☐ Soft ID   ☐ BB   ☐ Path   ☐ Micro   Printers:

G. Request **patient records** of   ☐ Cermak   ☐ Child Adv*   ☐ Core Center
☐ Juv Detention* ☐ OFH ☐ Provident ☐ SHCC ☐ SHCC Emp Health*   ←- **# boxes checked** in G _____

H. Request authorized by (Department Chair or Director)

Signed _____   * Signed _____

Print Name _____   Printed Name _____

Phone or pager _____   Phone or pager _____

Title   Title

Incomplete forms will NOT be processed. Deliver to either Stroger Hosp HIS Help Desk, room 2650 or fax 312-864-9364. Call Help Desk, 312-864-HELP, for status. After 2 Business days, bring Photo ID to pick up password in person.   Rev. Apr 2015