## THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL DEPARTMENT OF ANESTHESIOLOGY

## NEW USER REQUEST FORM

Form Completed by:	Date Completed:
New User's Full Name:	Start Date:
Employee Type:	ONYEN (if Known):
Provider #: PID	/EID#:
Job Title: Pos	ition #: Pager #:
□Full Time □Part Time □Temporary Emplo	oyee End Date:
Hospital Employee University Employee	□Signed Confidentiality Statement on File
Attending List Subspecialty:	
Access Needed for University Systems	Access Needed for Hospital Systems:
Anesthesiology Network access	Domain Account
	$\Box$ WebCIS Type and/or Role:
$\Box$ AIMS email alias for email & Calendar	
	□ WEB1000 Role:
	🗆 e-chart Role:
	CPA Role:
	Pyxis Medstations Locations:
Other Access Needed	