



Student Information Systems Computer Account Request Form

Section 1 – Individual Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Type of Student <input type="checkbox"/> Nurse <input type="checkbox"/> CNA <input type="checkbox"/> Pre-Hospital <input type="checkbox"/> Other
Last Name	First Name	MI	Last 6 Digits of SS #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department	Hospital Director, if applicable	Phone/Extension	End Date	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
School/Instructor	Security Question:		Security Answer (for password resets)	
Home Email Address	<input type="text"/>			

Section 2 – Requested Access

- Cerner Applications (Novell, Groupwise, Citrix and Cerner Accounts)
 Cerner Pharmacy - FMC
 Cerner Pharmacy – VVMC

Section 3 – Authorized signature

By logging into this system, I acknowledge being informed of this statement of confidentiality and Northern Arizona Healthcare’s commitment to HIPAA standards and regulations and the treatment and handling of PHI and agree to abide by the requirements of this statement. The requestor agrees to abide by the NAH Information Security computer policies.

Requester: _____	<input type="text"/>	<input type="text"/>
Signature	Printed Name	Date
Authorized by: _____	<input type="text"/>	<input type="text"/>
Signature	Printed Name	Date

Section 4 – Return completed form to the IS Help Desk. You can fax the form to Ext. 13391 or: NAH/IS Department
1200 N. Beaver Street
Flagstaff, AZ 86001

Date Received by Help Desk: _____ SA\EDUCATE\STUDENT MODULES FORMS AND INFORMATION\Student Intern Module\STUDENT IS FORM.doc