Manager Authorization for UW Medicine Employees and Affiliated Organizations

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Works for *UW Medicine/Affiliate:* (List Entity Name i.e., UWMC) * _____

Name:* _____ Licenses: _____
(Legal First, Middle, Last Name) (MD, RN, etc.)

Job Title: _____ UW Net ID: _____

Email Address:* _____ Phone #:* _____

For the purpose of: _____ Start/End Date:* _____ / * _____
(Clinical Care, Research, Hospital Operations, etc.) (Max one year – may be extended later)

In NWH Department:* _____ NWH Cost Center* _____
(Department Name) (Cost Center #)

Security Responses – Used for password resets only:

Mother's Maiden Name:* _____ Favorite Person from History:* _____

Physical Location*: ☐ On NWH Campus ☐ Remote Only ☐ Both remote and on campus

NWH Access: **Network?** ☐ Yes ☐ No **Email?** ☐ Yes ☐ No **Extranet?** ☐ Yes ☐ No

Identify Computer Applications:

☐ McKesson STAR
☐ McKesson Horizon Enterprise Fiscal Mgmt
☐ McKesson Horizon Enterprise Materials Mgmt
☐ GE Centricity Web
☐ PulseCheck (ED)
☐ Soarian Clinicals / EDM
☐ MAK (Clinician only)
Year of birth: _____ (required for Cerner MAK)

Other: _____

Q:/ folders: _____

AUTHORIZATION *:*
I authorize the access and/or presence of the above UW Medicine or Affiliate employee on NWH premises. I understand that as an authorizing manager I will automatically be granted a NWH user account, I am responsible for notifying the NWH Help Desk via email or phone when employee is separated from UW Medicine/Affiliate and I am responsible for confirming continued access via a quarterly audit of user access that will be sent to me.

_____ _____
(Authorizing UW Medicine or Affiliate Managers Signature) (Print Legal First, Middle, Last Name)

_____ _____ _____ _____
(Date) (Title) (Email) (Phone)

If manager signing the line above is NOT a NWH manager, this form must be signed by the NWH manager or director who has administrative oversight of the service provided.

_____ _____
(NWH Manager or Director Signature) (Print Name)

_____
(Date)

Completed and e-signed form should be emailed to
ITProvisioning@nwhsea.org – Help Desk phone number is (206) 368-1605.