

**Manager Authorization for UW Medicine Employees and Affiliated Organizations**

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

Name:\* \_\_\_\_\_  
(Legal First, Middle, Last Name)

Licenses: \_\_\_\_\_  
(MD, RN, etc.)

Job Title: \_\_\_\_\_

UW Net ID: \_\_\_\_\_

Email Address:\* \_\_\_\_\_

Phone #:\* \_\_\_\_\_

For the purpose of: \_\_\_\_\_  
(Clinical Care, Research, Hospital Operations, etc.)

Start Date:\* \_\_\_\_\_

In NWH Department:\* \_\_\_\_\_  
(Department Name)

NWH Cost Center:\* \_\_\_\_\_  
(Cost Center #)

Model access after user:\* \_\_\_\_\_

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

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

**Identify Computer Applications:**

- McKesson Horizon Enterprise Fiscal Mgmt
  - GE Centricity Web
  - Soarian Clinicals / EDM
  - McKesson Horizon Enterprise Materials Mgmt
  - PulseCheck (ED)
  - 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 [uw\\_nwh\\_dl\\_provisioning@uw.edu](mailto:uw_nwh_dl_provisioning@uw.edu) – Help Desk phone number is (206) 368-1605.**