

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 ITProvisioning@nwhea.org – Help Desk phone number is (206) 368-1605.