DEPARTMENT OF MEDICINE CARE CONNECT ACCESS FORM

FILL OUT EMPLOYEE INFORMATION:

Employee Name:	**AD User ID:**	**Date:**
Employee ID:	**Title:**	
Location:	☐ New Employee Access ☐ Update Access	
Justification (mandatory):		

CHOOSE ONE TMEPLATE ONLY:

Staff Clinic Templates	Staff Research Templates
☐ Back Office	☐ Research/Study Coordinator – Nurse
☐ Back Office (who also cover for Front Desk)	☐ Research/Study Coordinator – Medical Assistant
☐ Front Desk	☐ Research/Study Coordinator – Non-licensed staff
☐ Front Desk (who also need access to Radiant/IDX)	☐ Research Fund Manager
☐ Front Desk Lead	☐ Data Review Only
☐ Clinic Manager	
☐ Admin/Director	
☐ Research Coordinator	
☐ Other Template (please list):	

☐ Physician Template

PLEASE INDICATE IF THE FOLLOWING ARE NEEDED (CHECK WITH CLINIC MSO TO DETERMINE IF NEEDED):

☐ Research	☐ Cadence (Scheduling)	☐ Cash Drawer
☐ MUSE/EKG Viewing	☐ OBIX/Fetal Monitoring	

_____	_____
Authorizer Signature	**MSO Signature**
Farah Elahi, CAO	
_____	_____
Print Name	**Print Name**
_____	_____
Date	**Date**

Complete, print, sign & e-mail form to Giti Zarenia (gzarenia@mednet.ucla.edu)
Attach Acknowledgement Form and Confidentiality Form for new employees